

MEDICAL November 1928 ECONOMICS

The Business Magazine of the Medical Profession



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MEDICAL November 1928 ECONOMICS

The Business Magazine of the Medical Profession

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INDOLENT ULCERS

when not due to specific pathogenic organisms become largely a question of impediment of circulation and faulty nutrition.



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MEDICAL November 1928 ECONOMICS

The Business Magazine of the Medical Profession

This is Volume 6, No. 2

Editorial Offices: Rutherford, N. J.

State and Medicine— [a marriage that cannot take]

By George B. Lake, M. D.

Chicago, Illinois

WHAT the exact sensations are of a man being rescued from the fifth story of a burning building, I am unable to say. But I should be willing to hazard the guess that, of all current topics of conversation, the one about which he is least concerned at the moment of rescue is the personality and family behavior of the fireman who is doing the rescue.

The question of whether the fireman beats his wife, wears orange colored neckties, and talks profanely, is less important, for the moment, than whether he has a good tight grip on the ladder rung. One is, for the time being, less interested in racial descent than in the matter of a safe descent down the ladder.

In other words, the personality of the fireman who saves our property from the flames is of infinitesimal importance, so long as he is strong and obedient to the orders of his superiors.

The kind of policeman who guards our lives and fortunes, or the sanitarian who watches over

our supplies of water, milk and food is of more moment; their susceptibility to bribery or undue influence might mean a great deal to us.

The personal integrity of one's banker or broker is an even more vital matter, and we therefore, properly, insist upon selecting these financial and business advisers for ourselves, though we are content to leave the appointment of firemen, policemen and sanitary inspectors to the duly constituted authorities of the state or municipality.

Now let us go a step farther and consider the two relationships which are, outside of the closest family ties, regarded as possessing a distinct and peculiar sacredness: These are the relations between a patient and his physician, and between a parishioner and his priest. It is right that these contacts should be set apart, because upon the completeness of the understanding and confidence which exists between a man and these two counsellors depends his physical and spir-



The Swedish Government has decided that every school child shall be given a bath regularly. While the child bathes its clothes are fumigated.

itual welfare—the very texture of the fabric of his life.

Unlike our interest in the fireman, we have a very deep and personal concern in the doctor who treats us, and we are not content to leave his selection to the authorities, in other words, to the "State."

Now comes the question, shall we have personally chosen and individualized medical attendance or State Medicine?

Before arriving at a conclusion upon a matter of such momentous and far-reaching importance, we will do well to give careful consideration to at least five points:

1.—What does State Medicine mean?

2.—What has it accomplished in the countries where it is being tried, and in this country, to the extent to which it has been applied?

3.—How have other forms of public service fared under governmental direction?

4.—What are the legitimate fields, if any, for State Medicine?

5.—What are its possible advantages and disadvantages?

After careful search, I have nowhere found a definite and clear-cut definition of State Medicine, so I shall attempt to formulate one:

State Medicine implies that all agencies for the prevention and amelioration of disease and for the preservation and improvement of individual health shall be correlated under some bureau or department of the federal and state governments, as are now the postal and diplomatic services and the collection of revenues, and as the transportation systems were during the war.

To the extent we are approaching this concentration and centralization of direction and administration of the things pertaining to the health of the individuals who make up this nation; to that extent we are limiting their freedom of choice and action and are approaching State Medicine.

In a brief discussion such as this it is impossible to review the experiences of all those countries which are experimenting with the centralization of medical activities, so I shall limit my remarks to what I am able to find out regarding conditions in England—the country most nearly resembling our own in language, traditions and modes of thought.

In the *Journal of the American Medical Association* for May 7, 14 and 21, 1921, appeared a series of articles by Alfred Cox, M.B.,

B.S., Medical Secretary, British Medical Association, which give a very clear idea of how limited State Medicine is conducted in Great Britain, exclusive of Ireland. Those who are truly interested will do well to look up these highly informative articles and read the editorial on the subject in the issue for May 7.

I also found, in the *American Medical Association Bulletin* for March, 1928, an abstract of an article on this subject from the *London Times*, and these data and my inferences therefrom are the basis for what immediately follows:

It seems that one of the principal functions of the Ministry of Health is the administration of the Health Insurance Acts, whereby any person who applies for it can secure (at a nominal price or none at all—I am unable to determine which, and it is of little moment), through the medium of approved insurance societies, supported or subsidized by the government, medical attendance and a disability indemnity for every day of incapacitating illness. For some classes of persons this insurance is compulsory; for others, voluntary. It is assumed that persons having an income of more than \$10

to \$15 a week will not use this insurance, but some of them appear to do so. My details may be in error, but I believe the general import is correct. This is a fairly complete illustration of State Medicine.

The beneficiaries of these societies are assigned to various physicians for medical attention, having the right, within certain limits, to choose their own attendant and to change from one physician to another without giving any reason for so doing. The physicians so employed are paid eleven shillings (\$2.65) per capita, per year, for such services, by the government, through the "approved societies," and are known as "panel doctors," the beneficiaries on each man's list being his "panel." With a large panel, it is obvious that a doctor's remuneration would be considerable.

When any man on a doctor's panel decides to avail himself of the sick benefit, the society and the doctor are notified and the man's indemnity begins at once. As soon as possible the doctor examines the man, at his office or at the patient's home, and decides whether he is able to work, reporting his decision to the so-

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An organization called The Oregon State Baby Examiners makes a periodic tour, conducting mother and baby clinics.





Business Methods in Office Practice

By "Office Practitioner"

"The physician, like every other man who relies upon his individual efforts for a livelihood, is entitled to a bit of earth, a modest competence and a well-earned rest when his sun begins to set"

DOCTORS are not good business men. They are not good business men because their training is professional. They are not good business men because they have so little time for the business end of doctoring.

They are not good business men because their daily work tends to make them humanists, with their thoughts on the problems of their patients. A successful practitioner is never an accident. He has studied the business end of his work with the same application he has devoted to the scientific end.

To the physician who is doing a strictly office practice, well located, well furnished quarters are a necessity. Proper furnishings create a favorable impression. Neat rugs, comfortable chairs, tables with books and magazines, are essentials. When a man steps into your office his first impression is either good or bad.

A good first impression helps all the way through. A bad impression is a handicap hard to overcome. I believe that the way to be prosperous is to look prosperous. It is as easy to command a patient's respect in a properly fur-

nished office as it is to arouse his sympathy in unkempt quarters.

It is poor policy to give people a chance to exchange gossip. They will tell each other their opinion of the physician, the amount of the fee, and so on. Under the best of conditions there will be too much of this sort of thing, but it can be greatly reduced by an arrangement of the rooms which will admit a caller being taken in at one door and shown out at another. Rooms so arranged and well located in a good building will command more rental than the ordinary quarters, but the investment will be a good one and returned many times.

After the office environment, comes your personal appearance, which all too often nullifies the first. A good doctor-business man is clean. His hair is combed, his collar white, his nails manicured and his face free from stubby bristles. There is nothing that so detracts from a physician's appearance as a ragged or soiled collar and a worn shirt. It is a difficult matter to convince a patient that he is really consulting a good physician, unless you look the part of a good doctor.

"Costly thy habits as thy purse

can buy," should be the rule. The physician should never dress flashily, but he should be garbed well. Time and money expended in personal appearance is well invested. The man who looks affluent, who conducts himself in a dignified manner, will succeed where the man who is sloppy, ill-kempt and housed in shabby quarters will fail, no matter how well grounded he may be in the science of medicine.

Folks are judged by their appearance—don't forget that. Perhaps it is not always a fair way to judge, but it is a fact nevertheless.

Treat your patients with courtesy, be accommodating, but do not become familiar. Do not permit your patients to visit with you, or to indulge in neighborhood gossip. It may be well

The remainder of this article will be devoted to the usual procedures practiced in my own offices and I ask indulgence for the seeming over-use of the personal pronoun.

My secretary meets all patients. The door between my reception rooms and consultation room is always kept closed. If the patient is a new caller, she requests the name by handing a slip which designates whether they desire to see me on business or professionally. If professionally, the caller is requested to be seated, that the general environment of the office may be registered, and at the same time the call is announced to my assistant who looks up any previous correspondence or any other record that we may have of this individual case.

The patient is then ushered into

Here are some radical ideas expressed with more than usual candor. The average physician will probably say "too much candor." This article, however, was written by a specialist whose practice is located where he is continually being visited by strangers. His methods, therefore, while seeming aggressive, are actually self-defensive. There is also probably some truth in the statement that the specialist must develop an attitude different from that of the general practitioner.

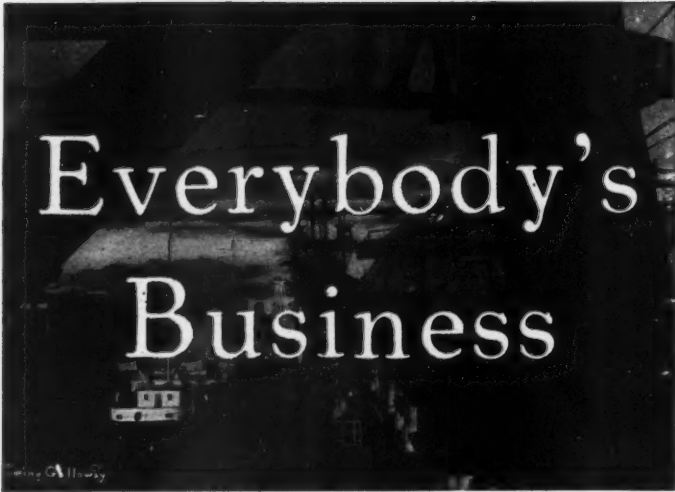
to become acquainted before you finally dismiss them, but your fee will be much more easily collected if your patient is treated with kind consideration, but without familiarity. Make their calls at your office purely professional.

We must realize that our demeanor must face about when we give up general practice to take up special work. The tactics of the general practitioner are often a failure in the hands of the specialist. The specialist must be what the general practitioner cannot be. The public expects of a specialist a certain mysticism, or aloofness, a degree of retirement usually not exercised by the general practitioner.

the general consultation room where the case history is taken. After my assistant has made this history the patient is referred to me for examination. After the examination has been made and the general pathology of the condition discussed with the patient while still on the table, I announce to them that they may get up.

I have them dress before I discuss the case and its financial aspects. I prefer to look my patient in the face while discussing this sometimes delicate subject. I would rather go to the point frankly and directly. I like to give them an even break—a

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Everybody's Business

By Floyd W. Parsons

WE may orate about prohibition, argue the pros and cons of the Government in business and loudly insist that the foundation of democracy is individual freedom. But we might as well accept the inevitable conclusion that personal liberty in America must be subordinated to public welfare.

Mass living is forcing us to place more and more restrictions on individual action. Chemical wastes from a mill can no longer be poured into rivers or creeks that supply water for others to drink. The citizen who is suffering from an infectious disease cannot roam the streets at will. We have smoke ordinances, parking regulations, censorship and obscenity laws, "Keep off" signs and one-way streets.

The tendency to prohibit will increase rather than diminish in the years ahead. We must submit to rule by the majority and for the majority. There would be

no prohibition problem to stir the country in its politics if a way could be found to prevent the human sufferings and the material losses of life and property that result from drunkenness. It seems unfair to deprive the temperate person of his favorite beverage because of the irresponsible actions of immoderate drinkers who become a menace to their fellows and a shame to their friends and families. But the people who can use alcohol without harm to others must recognize that the job of finding a solution for the question is chiefly theirs, not that of the non-drinkers.

Widespread remonstrance followed the passage of anti-trust laws to prevent the exploitation of the public by monopolies. Now we not only appreciate the necessity for regulating the activities of large corporate interests, but we are commencing to understand that the Government must

even go so far as to protect the citizen in dozens of fields where heretofore there has been no thought or exercise of Federal or State paternalism. Life will be revolutionized as greatly in the next decade by purely social necessities as it was by the mechanical developments of recent years. Professional crooks and unscrupulous seekers of power will find their operations increasingly limited and restrained.

Let me explain thoughts by setting forth a few everyday examples. Take first those private employment agencies which charge fees for placing workers in jobs and which work hand in hand with selfish and dishonest employers for the exploitation of alien labor. In some places this nefarious alliance has developed a situation that closely resembles peonage. Recent investigations have disclosed cases where employers have deliberately discharged groups of workers from time to time and taken on new ones so as to swell the fees of agencies which give these despici-

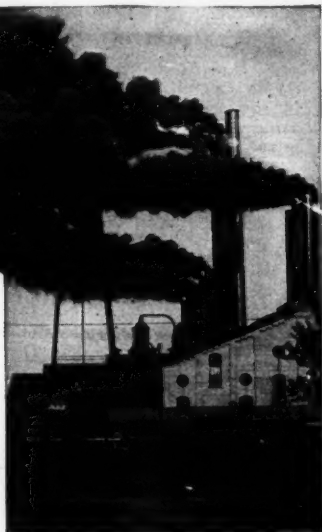
able bosses a share of their profits.

Anyone who believes we are getting away from democratic principles when our Government takes steps to eliminate contemptible forms of graft, will have to revise his opinion. Probably the most important function of centralized government is the regulation of human activities in such a way that punishment will be meted out to those who, under the guise of legitimate business, exploit the citizen or endanger his welfare.

Soon it will take something in addition to mere proof of car ownership to get an automobile driver's license, and crooks who want to operate employment agencies will be confronted by stringent character requirements that cannot be satisfied by the mere payment of the present trifling license fee.

Many people are proposing that we eliminate our social evils by education rather than government restriction. They support
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"No longer can any citizen extend his field of individual rise to the point where he is a menace to the public and a nuisance to his neighbors. He cannot pour black smoke from his chimneys into the windows of surrounding buildings."





What Rewards for Research?

By Anthony J. Lorenz

WHEN astronomers discover a new star they give it a name, usually a letter of the Greek alphabet. If they chance upon a new comet, their reward may be a bit more personal—their fellow scientists may confer upon it the name of the discoverer. After thirty or forty years, or perhaps after centuries, when its orbit brings the comet back to within the ken of the giant observatory telescope, the discoverer's name is brought back into memory. For a fleeting day it may even get into the newspapers—or if it has enough sensational interest, like Halley's comet, the Sunday supplement may run a weird tale about the earth's passage through "the poisonous gases of the comet's tail" and the possible conflagration which will bring about the long awaited "end of the world."

The doctor is hardly more fortunate. His discovery of a new ailment and its cure brings him a similar reward. The only difference between the doctor and astronomer, as far as rewards are concerned, is that diseases occur more frequently than comets.

Bright got his name attached to a kidney ailment and Pfeiffer to a fever, but for the life of me, I can not recall their initials off-hand. What Fuller it was who first dusted the yellow talcum, bearing his name, on human "heat" pimples, may be found in some medical encyclopedia, but I have never had the time to look him up.

It is more than likely, however, that neither Bright nor Fuller died millionaires as a result of their discoveries.

Banting, the pioneer of insulin, decided to honor Langerhans, vicariously, and Funk chose to call the newly discovered elements "vitamines". And a parsimonious profession was ungrateful enough to eliminate the "e" from the word.

What price discovery? Certainly not dollars and cents!

Sir Ronald Ross, as, I recall, suggested that scientific men be rewarded with actual cash—out of the state. J. B. S. Haldane pointed out that true scientists can hardly hope ever to earn as much as \$10,000 a year. To support his family the scientist must

resort to teaching or apply his discoveries to a commercial industry. Few of the real scientists do that. Even then they display a kinship to the self-sacrificing medical research man, adhering to the strict code of medical ethics which forbids them to "make money" out of something which benefits humankind.

Harry Steenbock, of the agricultural chemistry department of the University of Wisconsin, is a case in point. I have purposely omitted his title of "Dr." to which he is entitled. Nor does he care particularly, so long as he is left alone in his dark laboratory at Madison, and given plenty of time to feed his rats and invent a new diet to which he can give the poetic name of "No. 3,107".

For a time after his discovery of imparting Vitamin D to food-stuffs by irradiating them with the light of mercury vapor lamps, the public prints were filled with the news that he had turned down a million dollars in cold

Harry Steenbock is not even a doctor, in the medical sense of the word, yet he did what Banting and others before him did.

What may seem a paradox to the layman is very clearly understood by the profession. A discovery of such importance to human well-being, as that of Steenbock's, falls easy prey to exploitation—exploitation in the meaner sense of the word. Manufacturers of food products, looking eagerly for a new catchphrase for their advertising copy, would grasp at Steenbock's process. They would be willing to pay a million for a new talking point. And there is no question that his discovery afforded a new "talking point".

Steenbock's procedure of patenting became a wise one. It gave him a control over his discovery once it became applied commercially. He had provided for the strict adherence to a medico-ethical code, although he was not a medical man, by refusing to

This is a reproduction of a painting showing the scientist Pasteur at work in his laboratory.



cash. The sum may have been exaggerated. But it was in the neighborhood of a small sized fortune, as fortunes go nowadays. And Steenbock turned it down, despite the fact that he proceeded to patent his process.

The anomaly of patenting a process and refusing personally to profit by it is not altogether new to the medical profession.

profit personally, and turning the profits from its invention over to a research foundation administered by the alumni of his university. The proceeds, he specified, were to be used in research work for the good of human kind. He did not even ask that it be applied to experiment in his own field—nutrition.

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Physicians I Have Met!

Some frank opinions of doctors, with a few suggestions for getting the most value out of a representative's call

By a Hard-Worked Salesman

NOT many months ago, a young physician, who had been recently graduated from one of the leading medical schools, and who had just finished his internship at Miami Valley Hospital, opened his first office in a little town in the Miami Valley. The location gave great promise. The only other physician of note in the town was overworked, and as a result extended a sincere welcome to his new contemporary. The young man was busy from the beginning, and had a great start on the way to ultimate success.

Suddenly one night he was called from his bed, and urged to come to the bedside of an elderly lady who was a victim of carcinoma, and whom he had not attended before. Immediately he saw the need of an opiate, and proceeded at once to inject a quarter grain of morphine. Much to his discomfiture, the patient did not respond. He repeated the dose again and again until more

than two and one-half grains had been given, still with no appreciable results. Duly alarmed he called his brother physician and told him of his plight.

"Whose morphine are you using?" was the first inquiry.

"Why, I really didn't notice, but it was labeled quarter grain," the young man replied. "I didn't suppose there was any difference."

The older man took a tablet from his own emergency case, made a solution, injected it, and in a few minutes the patient was resting. Further inquiry brought from the young doctor this appalling statement: "We were never taught in school that there was a difference in commercial houses; I supposed that all products were faithful to label."

Yet, a subsequent analysis of the morphine tablets which this young man was using, showed them to contain less than one-sixtieth of a grain, whereas the label called for a quarter grain.

Which all goes to show that there is a real need for representatives of reliable manufacturers. The physician who refuses to see the representative of a reliable house, merely cheats himself. All of the extensive research work done by the large commercial houses would be a total loss, were it not for the men in the field who carry the message to the doctor.

It is quite true that the doctor is one of the most harassed and abused men in public life. Never a day that he is not visited by some sort of salesman. But the ordinary purveyor of pills is

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Every physician, apparently, belongs in one of these three classes: "Wise Boys," "Sample Grabbers," and "Regulars." Fortunately most physicians, this author admits, are in the class of "Regulars." Incidentally, the salesman's side of the story has seldom been told.

Salesmen I Have Met!

A rebuttal to the article printed opposite, from which the alert representative can glean a few suggestions

By a Hard-Worked Physician

DRUG salesmen and detail men we have with us always. They come to us in droves, in season and out, each with his pet medicines and pills, each full of the virtues of the pharmaceutical laboratory he happens to represent.

They clutter up our reception rooms, they push into our inner offices, they pour soothing words into the ears of our secretaries—in their earnest effort to sell their products. And because the average successful practitioner is a broadminded individual and a man willing to learn, he listens to them and gives them of his valuable time.

I am not a statistician and I cannot estimate accurately the percentage of time wasted by detail men. Judging from my own experiences with salesmen, including representatives of first-rate pharmaceutical houses, a good amount of my time might have been more profitably employed.

It is interesting to size them up. One soon grows accustomed to classifying them. When Mr. Jones of the X Y Z Laboratories steps into his office, the first thing the doctor instinctively does is to size Mr. Jones up. Just as the salesman sizes up the customer, so the physician sizes up the salesman. Immediately he puts him into one of the following classifications: The Miracle Worker, the Back Slapper, the Story Teller, and worst of the lot, the High Pressure Man.

The Miracle Worker is usually very plausible. When I was younger, I listened to him more credulously than I do now, for

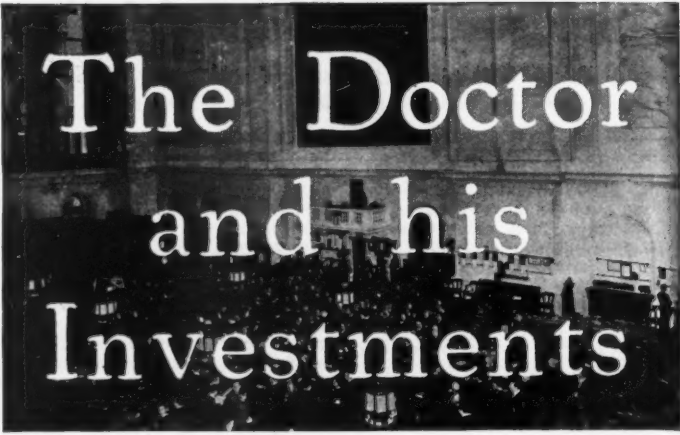
experience with some of the certainties he has sold me has made me wary. I am willing to give a new preparation a trial, but not at the expense of losing patients by failing to produce results. If a particular medicine does not produce beneficial results even in one case out of six that I have tried it on, I am forced to conclude that, for my purposes, it is no good.

Let me illustrate with some specific examples. About two or three years ago, the salesman for one of the largest and most reputable houses in this country, recommended a vaccine for the treatment of gonorrhea. He promised miracles, insisted that no other medication was needed to effect a cure, and sold me a considerable supply of the drug. It was expensive, but I did not mind the cost, in view of the fine results the salesman told me I was sure to get.

I tried it out on about twelve

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This author catalogs all salesmen in one of these categories: "Miracle Workers," "Back Slappers," "Story Tellers," and "High Pressure Men." He believes that most salesmen do not recognize the value of the doctor's time. These opinions, as well as those on the opposite page, are rarely given such frank expression.



The Doctor and his Investments

By Merryle Stanley Rukeyser

MEDICAL patients cannot be cured with glittering generalities. The need of specific, concrete advice in the field of investment finance is equally insistent. My article in the September issue, dealing with the clinical facts concerning the private financial life of an unmarried physician of thirty-five, has brought requests that programmes be formulated for professional men differently situated.

Unlike the bachelor who is responsible only for himself, the married man, with an array of heirs, assigns, and dependents, must balance differently the requirements of the present with those of the future. In recognition of the fact that investment programmes must be suitable, as well as sound, and granting that what is sauce for the goose may be applesauce for the gander, I shall consider the case of Dr. Married Man, aged thirty-four, residing in New York City, supporting a widowed mother, a wife, and three children, aged three, six and ten respectively.

Contrary to the status of the

unmarried man of thirty-five, whose greatest needs were presumably ahead of him, Dr. Man is currently facing the peak load. His heaviest economic problem is directly ahead of him. Twenty years from now his financial burdens will probably be lighter. His dependent parent, according to the ordinary expectancy, may no longer be in the happy family circle. His two older children, who are boys, should by that time be self supporting, and the youngest child, a girl, may be married. Accordingly, Dr. Man is not only faced with the need of planning against the rainy day of the future, but is confronted with immediately large family expenditures.

A reasonably successful general practitioner, he has a current net income of \$12,500, with better prospects for the coming years. His expenses, however, are commensurately large. He lives in an expensive apartment in the midtown section, and sends his two older children to private school. He has a servant at home, and maintains an automobile,

part of which he charges to his personal account. His office expenditures have already been properly deducted before arriving at the figure of net income.

Having long had heavy family obligations, Dr. Man has lived well but has accumulated only \$10,000. A more serious defect in his financial programme is that he carries only a \$5,000 life insurance policy, which is ridiculously inadequate for his needs. Dr. Man will not be properly insured until the total of his policies creates a fund which will provide sufficient income for his

the son, the policy would become null and void, and whatever had been paid in would be lost. The policy gives contingent protection, and is intended only to protect the older person against the earlier death of the younger. As in the case of fire insurance, the premium is lost by the insured if the building does not burn down.

Under these conditions, the son could buy an assurance of \$100 monthly for an annual premium of \$174. To assure the same income through an ordinary life policy, the insured would need a



The investment amateur asks "What's good in the market?" Such a question is like asking "What's good for sickness?" In other words, investments must be selected according to the case method: (a) by analysis of the investor's requirements, (b) application of a specific financial prescription. This point is made clear by Merrylye Stanley Rukeyser in his twelfth article as financial editor of **MEDICAL ECONOMICS**.

family to live on decently in case he is taken from them.

In his special circumstances, Dr. Man can best meet his needs through insurance policies. For his mother, who is now 65 years old, he can most economically provide through a deferred survivorship annuity, which is simply a contract providing that his mother should receive a stipulated income for life in case he should die before her. In case the mother should pass away before

policy of nearly \$25,000, which at his age would cost \$682 in annual premiums.

It would not pay to apply the same principle to the protection of his younger dependents. The survivorship annuity is attractive only when the insured is considerably younger than the beneficiary. The remainder of the family could not, even after the utmost economy, get along on

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This is a grouping planned by Miss Reeve, whose suggestions appear below

Give the Office Some Color

[Fourth in a series of interior decoration]
[articles written by Lucy D. Taylor]

IN the preceding article, we had an unusually difficult problem which was treated in such manner as to get an exceedingly interesting result at a reasonable cost. Now let us choose another type of difficulty, the question of colors. This approach to the physician's problem of interior decoration is especially important, because color is often a therapeutic aid.

Color apparently has a marked effect upon people entirely aside from its aesthetic values. There are certain tones that are distinctly irritating; some that are depressing; and still others that, used properly, give the maximum of agreeable stimulation.

As color cannot, technically, be regarded solely from the standpoint of its common names—red, green, yellow, and so on, we shall be obliged to carry our discussion into this field for a moment. Practically considered, the col-

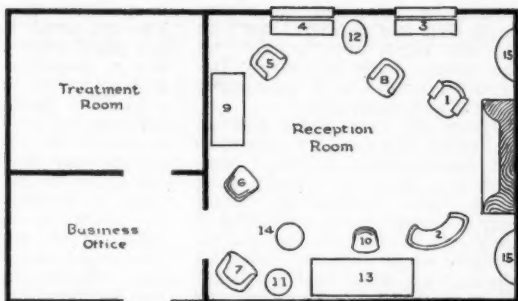
ors showing strong influence of yellow, particularly those yellows that run toward the orange, are the most luminous as well as the most agreeable.

If very strong—that is, very chromatic—and used in large quantities, they may, however, be extremely irritating. When we say, for example, "a yellow wall," it would be quite unsafe to use a perfectly clear yellow under any ordinary circumstances.

The trick is to keep the tone light, give it sufficient body so that it will not appear "thin," and temper it by judicious mixture with colors that will slightly grey it without having the effect of muddiness. The result of the wall may be yellow, but if we should compare our prepared paint with fresh yellow tube paint, it would be a long way from a pure yellow.

This is precisely the point at which the art of using colors

The numbers in this plan refer to items mentioned in the article.

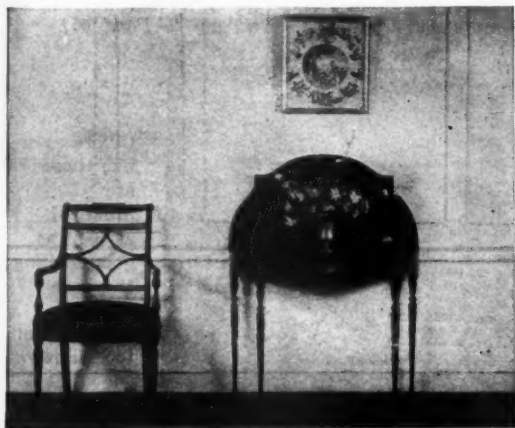


comes in and the reason that most hospital walls are terrific eye sores. Few paint manufacturers know this work, as a real professional decorator knows it. And the results are far too often crude and unsatisfactory.

It is a surprising fact that doctors have not interested themselves in the subject and brought about a radical and well grounded change. Dark tones of yellow may be brown or the deeper buffs. The former are apt to be exceedingly dismal upon the wall, yet one often sees them used as a dado coat with a very stupid sort of buff or ivory above. There are yellows—mustardy yellows—

that give a reaction of dirtiness that is most unpleasant; these should always be strictly avoided except for accents. One finds them often in certain old rugs—beautiful in combination. But the same tone upon the wall would be hopelessly ugly. The satisfactory use of color is really an art in itself.

Greens likewise run a wide range, from yellow greens to blue greens, and properly adjusted to light, space, and wall textures give one of our most cheerful backgrounds. The lighter tones of yellow green and blue green are particularly adaptable. But here, again, the greatest care



Furniture like this goes far toward establishing atmosphere in the reception room.

should be exercised to secure tones that are neither "raw" on the one hand, nor "muddy" on the other. One is sharply impressive, unpleasant. The other is ugly and depressing.

Greys are exceedingly difficult to handle and need an expert to get fine results. In their common use, they are usually cold, harsh, and forbidding. Blues may be made most delightful if they are kept light enough, especially when they lean toward a slightly greenish quality. Dark blues used in large areas for wall colors are hopelessly depressing.

Reds, orange and purple are all colors that, well tempered, the artistic decorator can handle delightfully. But in the hands of a novice, nothing is or can be much more irritating than a red wall, a fairly bright orange—or a sad looking orchid.

In the case of the room which my consultant Miss Reeve has chosen for her second lay-out, there is no difficulty regarding light such as presented itself in the first case. The light is normal. The room is of fair size. Miss Reeve has chosen her color scheme to give a maximum of cheer without the irritation of over-stimulation.

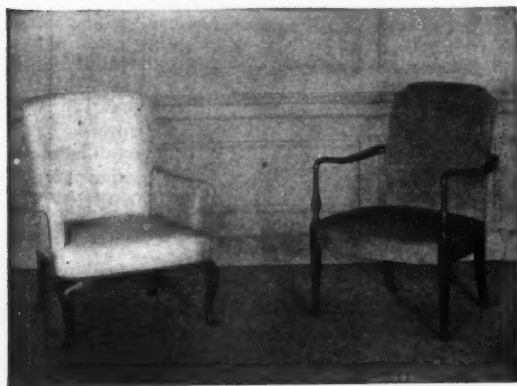
The walls are a soft and well tempered green, light enough to be pleasant and dull enough not

to speak too much for themselves. The rug runs down into a deep egg plant color and the curtains are a beautiful English chintz with softest of yellow ground and a positive galaxy of flowers in big bunches for decoration. The colors in the flower bunches run all the way from blues and lavenders to greens and scarlet with notes of deeper, darker red. It is delightful against the soft green of the walls and with the lavender tones carried down into the soft carpet. Already we can see that the character of the room is established. Furniture must simply be in accord with this color key—and we cannot fail to have a lovely room, cheerful and restful.

The tones of color have all been fairly light with the exception of the carpet and this inevitably means the lighter sort of furniture such as was used during the last part of the 18th Century. Therefore, we shall call the room an 18th Century room.

The diagram shows the arrangement. As there were so many big blank walls to be cared for, Miss Reeve has introduced one of the artificial fire places to give change and provide a center of interest. With the curtains at one end balanced by a mahogany secretary with chair, and the fire-

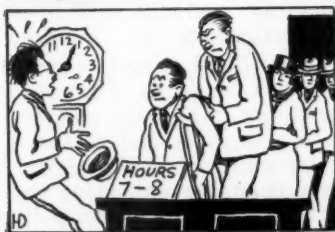
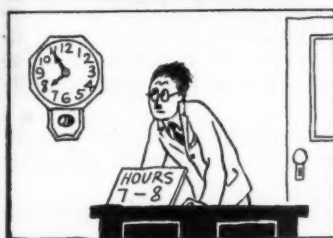
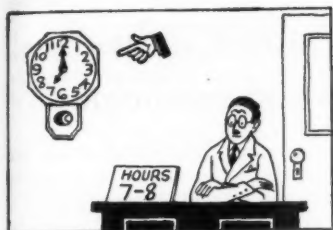
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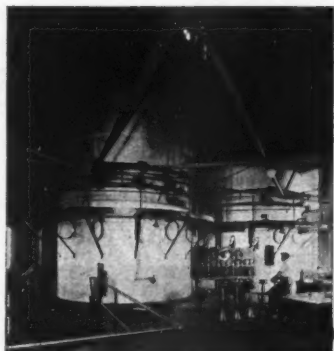
Chairs like these are practical as well as good-looking; they are neither too stiff nor too billowy.

That Hour in the Evening

[Another little story
without words]



Commodities that Go



An editorial
about industry
and medicine

by

H Sheridan Baker

WHEN electricity took over the job of lighting our homes and offices, not so many years ago, people shook their heads sadly and murmured, "Too bad for people who hold shares in the gas industry!"

So it seemed, *for a while*. Then somebody conceived the idea of heating homes with gas; somebody else discovered that gas made an economical, waste-less fuel for use in industry, and meanwhile others were busy devising more efficient and more beautiful gas stoves for housewives. The result is that today the gas industry is in a stronger position than before.

This is only one of many instances in which commodities have staged successful come-backs through adapting themselves to the changing times.

Some predict that medical services (in the ordinary sense) are a commodity which will some day go begging; that the advances of medicine will eventually make the family doctor an extinct species. Possibly that is so.

Just this eventuality has been suggested by no less an authority than Dr. George E. Vincent, President of the Rockefeller Foundation, who also suggests the means for meeting it. In a talk given before the Tri-State Medical Association in Memphis, not long ago, Dr. Vincent declared that among other changing situations to which the physicians of the future must adjust themselves, is "the reduc-

... Out of Date

tion and even elimination by public health work of diseases like typhoid and malaria, which once gave doctors fair incomes."

Preventive medicine, in other words, is going to force a good many physicians to seek a livelihood in some other activity than the curing of ills. And here, according to Dr. Vincent, is where they can seek it:

"It is to be hoped that the new role of the practitioner as periodic health examiner and counsellor in personal hygiene will be increasingly recognized by medical schools, by medical societies and by individual doctors. When physicians are paid for keeping people well, new sources of income will more than make up for the inroads of preventive health work. But the public demand will have to be created. Doctors naturally hesitate to put themselves in the position of seeming to drum up business, but public health workers where cooperation exists, can and do urge people to go to their physician for such services.

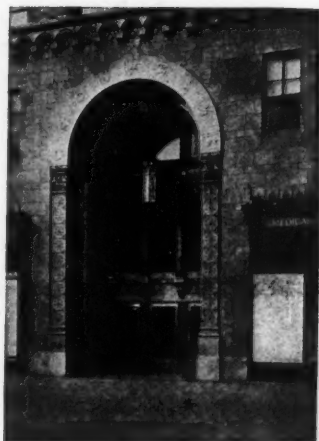
"These examples of team-work and this newer idea of the doctor's part in the social order, point toward the only hopeful solution for any conflicts between the group ambitions of the medical profession, of the public health movement and of society at large."

The point that I wish to make here is that the medical profession is in a much better position to prepare for the future than was the gas industry twenty years ago. The development of electricity came much more rapidly than the developments of preventive medicine have, or are likely to come.

It should not, therefore, be necessary for the medical profession to stage a *comeback*. It should already *have* the center of the limelight when preventive medicine comes to supplant curative medicine.

And the way to do that (as MEDICAL ECONOMICS has been repeating for the last four years) is to take the initiative in health education.

It was educational advertising, supported cooperatively by all the individual gas companies, which enabled the gas industry to "sell" the public on the new uses of gas. It will be educational advertising, supported by physicians cooperatively which will "sell" preventive medicine.



New Shapes in the Sky

A Series on Medical Arts Buildings

XVI

Newark, N. J.

FOR the past seven years there has been repeated agitation in Newark for an office building which would suitably house the leading physicians and dentists of the city. Several attempts were made to promote such a proposition.

It was not until William E. Lehman, architect and banker, acquired property at 31-33 Lincoln Park during the early part of 1926, that a definite and well organized attempt was successful.

The plot was 60x180 feet with an entrance from a side street

in the rear to allow for the building of a garage. The plot fronted on beautiful Lincoln Park, within five minutes from Market and Broad streets, in a section, most thickly populated with physicians and dentists.

Under Mr. Lehman's direction a company was organized consisting of 27 of the outstanding men of the medical and dental professions.

The officers were as follows: President, Dr. C. R. O'Crowley; Vice President, Dr. H. B. Epstein; Treasurer, Dr. F. R. Haussling; Secretary, Dr. E. Reissman.

REPRINTS have been made of this series . . .

In addition to these, the Board of Directors included Dr. R. A. Albray, Dr. F. F. Carman, Dr. M. Danzis, Dr. E. Staehlin, Dr. H. J. F. Wallhauser and William E. Lehman.

The company was capitalized at \$500,000, and stock was sold to those men interested in purchasing it, which money formed the basis for acquiring the property and starting the actual building.

Mr. Lehman designed a building of Romanesque design, 15 stories in height, with two tower set-backs and two light courts, providing more than the usual amount of light and air and giv-

of the suites, and the building company cooperated to a degree which far surpassed any similar project in the past.

The building has a total capacity of 70 large suites and at time of writing this article there are only six suites still for rent, the response being greater than was anticipated.

Speaking of the service of the building it would be well to state that the building is under the control of a Board of Managers elected from the tenants themselves, who pass on the eligibility of each person before a lease can be signed. This insures men of the highest ethical type as



The photos on the opposite page show the graceful architecture of the Medical Tower, and the beauty of its entrance facade. At the left, on this page, is a photo of the elevator lobby, showing the exceptional care in details.

ing to each floor a lay-out allowing for the individual needs of each tenant.

No set floor plan was followed; each office being of different design and the number of rooms running from 2 to 12 in each suite.

Great latitude was allowed the individuals in selecting, not only their floor plan but also the finish

tenants, and controls the tenants after they have moved in.

The main building is on a plot 60x100 feet. There is a two story garage in the rear on a plot 60x65 feet for the use of the tenants in parking their automobiles during the day.

The exterior walls are of face brick and terra cotta. The main
(Turn to Page 59)

... see the notice on Page 95

A Series of Unusual Collection Reminders

How a group of physicians in the Southwest cooperate in collecting their slow accounts

By Ruel McDaniel

THE average man pays his doctor's bill with about as much pleasure as he derives from a repair bill on his car after it has been smashed in an unexpected meeting with a telephone pole. He never contemplates either, so long as he has his health and his car works properly; and when he does find it necessary to pay such a bill, he does it with some degree of reticence, though he may not express it.

Obviously, then, it is very easy for the average citizen to forget to pay his medical service account. He is naturally absent-minded, anyway, when it comes to paying out money for service he already has received and from which probably he sees no tangible result. (He has little appreciation of good health, so long as he has it.) So it is up to the physician to remind his credit customers often enough and logically enough to get them in a paying mood.

How a group of Southwestern physicians do this through the use of a series of four mailing pieces may offer a suggestion to members of the profession in other sections of the country.

These doctors have their offices all leading into a cooperative reception hall and find it economical and convenient to cooperate in a number of ways, including the collection of accounts. All bills are charged in favor of the "clinic." The physicians' names never appear on any of the statements. Therefore the matter is obviously taken

out of the hands of the individual and the debt no longer is a personal matter between the physician and his former patient. Thus it appears to the patient a regular business matter and he soon forms the habit of considering it as such. He is willing to owe the family physician money indefinitely but he does not like to be in debt to this impersonal, business-like organization going under the name of the clinic.

"We have tried to be as careful as possible with the granting of credit," explains one of the physicians of this co-operative group. "We have become gradually more strict than we were before the adoption of this system, being careful not to go to the extremes of cold-blooded business in the granting of credit, however. Thus by watching the calibre of our credit patients a little more carefully we have found that we are safe in assuming that fully ninety-nine per cent of those to whom we grant credit are honest and fully intend paying their bills.

"But we do not forget, at this point, that most people are terribly forgetful when it comes to paying out money, and that they are even more forgetful when it comes to the payment of their doctors' bills. Our follow up system is designed with this thought in mind.

"Another fact that guided us in the preparation of this series of mailings is that all other lines of business which grant credit go about the collection of their ac-

counts in a methodical business-like manner. They first ask a customer to pay; then if he does not pay within a reasonable length of time, they demand that he pay. And he usually knows that he can not afford to ignore this demand.

"Thus if the physician sits politely by and does not put in a word for himself, the various other concerns holding a claim on the patient's credit are going to demand their pay and get it, while the doctor holds the proverbial bag, unless he makes a little noise too. The debtor is going to pay the concern or individual which makes the most earnest demand for settlement, first of all; then with what is left he will pay the rest. It is our intention, by the use of this series of mailings, to indicate to the person, without

last day of the old month, rather than reaching him on the second day of the new.

This rule is not followed periodically but regularly, month after month. The follow up reminders likewise go out as designated each month, rather than on one day this month and still another date the following month. This practice of strict regularity and punctuality in sending out statements and follow-ups has been a real factor in the success of this collection plan, these doctors aver.

The logic in this practice is obvious. The debtor notes that statement and follow up arrive with promptness, and he unwittingly assumes that the same promptness is expected of him. The effect is that there is a powerful suggestion upon the patient,

It may be pointed out that the collection methods reported here make use of humor to an extent, and are hence not adaptable in cases where absolute dignity and sobriety are the rule. However, if a clinic understands its clientele well enough to make these methods safe, they are undoubtedly effective. This group seems to have used them with success. It would probably be unwise for an individual physician to experiment with humor, unless he feels sure that he will be understood, and then only in moderation.

causing offense, that we, too, want our money. We are highly pleased with the results."

One of the first fundamentals in inducing patients to pay their bills promptly is to set an example of promptness before them. So these physicians assumed and then found to be true. Accordingly, the clinic sends out all statements so that they reach the debtor on the morning of the first of the month. If that day should happen to fall on Sunday or a holiday, then the statements go out so that they reach the person owing the money on the

urging him to be equally regular.

At the time that an office girl makes up the statement she also copies all names and addresses, and the amount due from each, on a special form which she keeps constantly on her desk. Thus every patient owing money is listed on the form, together with the amount due from each.

When payment comes in from a person, his name is scratched from the list, automatically indicating that he has paid. If he pays only a part of his bill, that

(Turn to Page 85)

We May Need Capitalism in Medicine

By Fred D. La Rochelle, M. D.
Springfield, Mass.

WHAT should the doctor know about socialism? I venture that many would answer that they have no interest in socialism. My purpose is to persuade the reader, if I can, that this is not the case, for socialism is the principle of government adopted by most of our American medical institutions of today.

And since all isms allow such latitude of comprehension, we may begin with a few definitions.

By capitalism we understand a principle of government where the management is vested in the owners or their representatives, and where the former take the profits or losses, as the case may be, and where competition prevails, meaning that the system automatically provides for the drastic elimination of the unfit.

Communism is another conception of government, where an enterprise, large or small, is managed on a co-operative basis by members of a group or their agents, and where profits or loss are shared equally by the participants. Competition is restricted to outside groups. The management of our mutual companies is essentially communistic.

Under a socialistic regime an enterprise is managed by a bureaucracy, not participating in the losses or profits, and with other men's capital. Such institutions are supposed to be altruistic. They point to profits as inherently immoral, and they shun competition and expect all sorts of privileges.

The reader will readily see that the latter principle of government is not alien to our medical institutions, and therefore if he has not shown any interest in socialism to this time, he may put it down that he is confronted with the basic reason why, in spite of hard work, doctors are usually poor and have to cool their heels in the anterooms of capitalists when they nurse some project for the benefit of their community.

If the doctor has such interest in studying principles of government, how is he to learn? Frankly, I know of no institution where a professor professes, as the French say, a course on socialism. But you need not be discouraged by that. Go to the nearest bookseller and have him order for you Shaw's *Guide to Socialism for the Intelligent Woman*, if you have not already read it. Do not be alarmed by the title; it is really intended for men. Then also have him order for you Gustav Le Bon's *Psychology of Socialism* and Erwin Liek's *The Physician and His Mission*.

One is written in French and the other in German, but you can get English translations, and you could well include a standard textbook on Economics. Now this may look big to you, but you will be amply repaid for your efforts, for not only will you derive a great deal of pleasure from these books, but what is more, when you are through you will be a better doctor, a bigger man and a more useful citizen.

(Turn to Page 37)

Shaw's work is extraordinarily clever, so much so that you had best begin by reading the text book lest the illusions he so plausibly expounds deceive you. Le Bon's work will give you a solid understanding of socialism, what it has done and what it is likely to do, while Liek's is a story recital of Germany's experience with socialistic medical institutions.

When you have done this you may or may not agree with me that under a capitalistic management our medical institutions with sharp competition, would cut their cost tremendously and give a vastly superior service. And what is more, there would be elimination of the unfit, and progress in the days to come might be comparable to that made in the business world during the last quarter of a century, and I cite the development of the means of transportation and communication under this form of management during our lifetime.

That our present system is not entirely satisfactory, he who runs may read. Can anyone imagine anything more detrimental to the medical profession than the elimination of competition between

our medical schools in recent years? We are told that great advances have been made—true, but will anyone maintain that they are keeping pace with the scientific development? Will anyone maintain that doctors turned out today at a colossal cost are all that they could be? Any consultant who daily comes in contact with recent graduates will tell you that for solidity of character, desire to learn and a fine spirit of service they are no better than the men before the days of medical trusts and foundations. And will anyone deny that our hospitals are dispensing services on a production basis and become deaf to anything but materialistic ideals?

I believe that a study of socialism by the doctor would indirectly give him a schooling in economics and business that would make more than an employee out of him in our medical institutions, and would permit him to devote a profound knowledge of human nature to the service of his community, an opportunity which he is today largely denied. The doctor must know more about socialism—not less.



Some Points on Interest

Reported by Lawyer Hayward



I WAS making a fair profit on my business, all right, but the interest I had to pay ate it up," the doctor explains.

"No man should go into business until he has capital enough to 'carry on' without paying tribute to the banks or money lenders," the "college expert" suggests.

"Well, if a man has that much money he wouldn't go into busi-

ness—he'd retire and live on the interest."

Now, interest generally arises out of the notes given by the doctor to the distributor from whom he buys, or to the bank from which he borrows the money to pay the distributor.

Take, for instance, the case where the doctor gives a note like this:—

"Two years after date for value received I promise to pay to the Ajax Company three thousand

dollars with interest at 7% per annum."

At the end of the first year the Company demands \$210.

"That's one year's interest on your note, at 7%," the Company explains.

"The note was to run for two years, and the interest isn't payable till the two years are up," the doctor protests.

"But the interest is per annum, and that means payable yearly."

"I won't pay, and you can sue as fast as you like."

And the doctor is right, as the words per annum merely fix the rate of interest, not the time of payment.

Then how could the note be drawn so the interest would be payable yearly? By saying with annual interest at 7%.

Suppose, however, that the note in question had not mentioned any interest, and the Company charged interest at, say 5%, which the doctor pays and gets his note. Can he then compel the Company to repay the interest?

On this point the rule is that if X gives a note to Y that does not mention interest, but X voluntarily pays interest at a lawful rate, he cannot compel Y to repay it, even although Y could not have collected interest if X had refused to pay.

Now, each state has the right to fix the rate of interest in the state, and suppose that the note in question simply says "with interest" without naming the rate, then the rate fixed by the law or the state applies. But, if at the time the note is given the legal rate is 6%, but before it falls due, the state legislature changes the rate to 5%, which will be the actual rate paid? Which is correct? The 6% rate will hold until the note falls due.

Again take a note in the following form:

"Six months after date for

value received I promise to pay to the Acorn Company two thousand dollars 'with interest' at 6% until due and at 8% after maturity until paid."

Can the company collect 8% if the note is not paid at maturity?

The answer depends on the state in which the point arises. In Arkansas, California, Connecticut, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Massachusetts, Michigan, Montana, Nebraska, New York, North Carolina, Oregon, Oklahoma and Washington, the increased rate may be collected while in Minnesota it cannot.

Now, take the note that says it bears interest at 6%, and that if the borrower fails to make payment of the interest, then the note shall bear interest at 9% after the default. Can the 9% be collected in this case?

On this point the law is that the 9% interest is "by way of penalty," and cannot be collected.

Sometimes notes are written in this form:—

"Six months after date for value received, I promise to pay to the Acorn Company, Two Thousand Dollars, 'with interest' at 6% and if not paid when due then at 9% from date."

Is this valid?

On this point the courts of California, Colorado, Iowa, Kentucky, Michigan, Mississippi, Ohio and South Carolina say that the interest can be collected, while in Alabama, North Carolina and Virginia it cannot.

Now, suppose that the legal rate of interest is 5%, and the note is payable 4 months after date with interest at 6%. Now if the interest is not paid when due, what rate will govern after the due rate—5% or 6%?

The rate of 6% governs till the note falls due, then it drops back, according to the law in most states.

Propping Up the Old Enthusiasm

A number of physicians give their private recipes for staying out of the ruts of depression

By Frank H. Williams

EVERY successful physician and surgeon knows that, in the final analysis, it is his enthusiasm for his profession that keeps him going. Without enthusiasm the average physician or surgeon would, many times, find his work an almost intolerable burden.

But even the medical man who is tremendously interested in his work and tremendously enthusiastic about it, encounters times when he finds his enthusiasm slipping from him—when he feels as if the game isn't worth the playing. Under such circumstances, he is bound to weaken under the strain of constant activities and may even have a collapse.

Since enthusiasm, then, is so vitally important, it is imperative that when lost it be regained as quickly as possible. But how can this be done? How can the doctor keep up his enthusiasm when he is worked to a frazzle, sick and tired of dealing so continuously with ailing people, and wonders if some other line of activity might not be more enjoyable?

Recently a number of successful medical men were queried on this important topic. Their replies offer worth while ideas and suggestions to others. It is part of the day's work to diagnose pessimistic conditions in other folks, and write the remedy; sometimes it is not so easy to diagnose one's self.

Said a middle aged physician who has a fairly large practice:

"Every now and then I find my enthusiasm for medicine slipping from me. I find myself thinking longingly about the automobile business, which has always fascinated me, and if I don't stop it right at the start I soon get moody and unhappy and make my patients suffer as well as myself.

"If that sort of thing were allowed to continue very long unchecked, I'm sure my practice would begin to suffer. In my opinion, the optimistic, cheerful, enthusiastic physician is the one who can command the maximum amount of practice these days. The public simply doesn't want to have anything to do with the pessimistic, doleful doctor.

"Well, when I get that way, I simply go over all the patients I am attending at the time and pick out the most unusual case. It is the unusual that always gets my interest. Then I make extensive notes on the case, study it very carefully and write an article about it for one of the medical papers.

"I may as well confess that I have always had a secret hankering to be an author. So this method of writing up unusual cases not only arouses my enthusiasm for medicine again, because of the unusualness of the case, but it also puts me in a fine glow with my abilities as a writer. Consequently when I get through with my article I am generally all pepped up again and I keep pepped up for months
(Turn to Page 89)

Hanovia makes an Important Contribution to the Science of Ultra-Violet Light Therapy



*Pertinent Facts About
the Entire Quartz
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1. Stability of the arc
2. No excessive heat
3. No fumes or smoke
4. Requires no adjustments
5. Operates without attention
6. Low cost for operation
7. Technique easily standardized
8. No danger from sparks
9. Maximum treatment at minimum cost
10. Saves time



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light dosage

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THE Quartz Mercury Vapor Lamp has been, from the beginning, a standard source of ultra-violet rays. And to say that the Quartz Lamp has always been a standard source of ultra-violet rays is virtually equivalent to naming the Hanovia Quartz Lamps—the Alpine Sun and the Kromayer. For Hanovia Lamps were the first practical artificial source of ultra-violet rays.

Now with this newly perfected Gordon Ultra-Violet Meter, we are provided with a dependable and convenient instrument for use in the hospital, clinic, or physician's office—at once replacing crude chemical methods and the more involved procedure of the physical laboratory.

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Gentlemen: Please furnish me, without obligation, information on the Gordon Ultra-Violet Meter, and reprints of authoritative papers on the use of quartz light in the treatment of

DR.....
STREET.....CITY.....STATE.....

Doctor Hough

[The reminiscence of a state hospital medical director]

As told to Frederick A. Fenning

OF ALL the youngsters who came in to our medical service—and you can bet there were many of them in the course of thirty years—the most unique was a boy who came from the West. We will call him Hough. I saw individuality written all over the countenance the first day he walked into my office. It was there just as clearly the last time I saw him.

When he came to us, the older men were inclined to regard him as "fresh." The other juniors frankly did not know what to make of him. But young men can size up young men, and it was not long before we saw that Hough stood ace high with the fellows of his own age. The seniors, too, had found that while he had opinions of his own, he respected their views. And what was probably more important, he kept both feet on the ground and went about his own business.

After about three years I placed him in charge of one of the smaller services where there were probably two hundred patients, mostly tractable praecox cases. These are the patients who live along quietly in routine fashion, and are generally regarded by hospital people as "lifers."

Hough started in by learning their names and making every effort to get on friendly terms with them. Soon he was using first names, except to a few of the old chaps and these he affectionately greeted as Uncle Harry, Uncle Will, and General, and by other titles. A morose, taciturn fellow would be standing scowling when along would come

Hough with his "Hello, Ned, let's go over to the ball field," or some such remark. It was surprising how often it worked.

So far as I know he was the only hospital doctor who voluntarily made it a practice to eat one meal a day with his patients. Breakfast used to be served at seven in the winter and earlier in the summer, and, no matter how late he had turned in Hough was on time for breakfast in the dining hall where his patients ate. They sat ten or twelve at each table, and Hough would sit a week or more at one table, then move to another. It was his idea that by this method he could get on more intimate terms with his men and gain their friendliness.

I could see another advantage which was that if there was anything the matter with the patients' food, their doctor would be one of the first to discover it.

It is the experience of every physician in a hospital for mental diseases that every time he walks through his wards one or more patients ask for their freedom. This is so common that the doctor is very apt to make some stereotyped reply such as "I'll see about it." Hough used to say the same thing, but with him it was an honest-to-God promise.

He put the names of such patients in his memorandum book, and before long he began to present cases for discharge at staff conferences. In those days no one seemed to think seriously of discharging praecox patients. We accepted the belief that they could not make a living on the outside and that they had better stay

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AFTER years of study by the New York Cardiac Clinics, their choice of digitalis products is a tablet made from whole leaf having a potency of one Cat Unit in one-and-a-half ($1\frac{1}{2}$) grains of the powdered leaf.

These tablets have proved to be well tolerated and to give consistent, dependable clinical results. A study* of four lots of standardized powdered leaf by Gold and DeGraff gave no indication of loss in clinical efficiency during a period of three years.

The Lederle tablets were developed as a result of this work in the New York Cardiac Clinics. Only digitalis leaf which has been clinically demonstrated to possess uniformity of action is employed in the preparation of the Lederle tablets. To ensure this uniformity, a supply of standardized powdered leaf sufficiently large to last for several years is employed; and when 5 to 10% of this quantity has been used, a like amount of standardized powdered leaf is added to the remaining stock. By this method, there can at no time be any appreciable variation in the clinical results obtained from tablets made from such standardized leaf.

Tablets Digitalis (Whole Leaf) Lederle are supplied in three sizes: 2 Cat Units (3 grains); 1 Cat Unit ($1\frac{1}{2}$ grains); and $\frac{1}{2}$ Cat Unit ($\frac{3}{4}$ grain).

*Gold & De Graff, Jour. A. M. A., March 31, 1928.

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where they were. Now and then some well-meaning but half-baked social worker or welfare enthusiast would appear in behalf of the release of a patient. Invariably there was too much doubt about the chances of re-adjustment, and the environment in which it was proposed to place him, to warrant granting the request. One day when such a case came before us, Hough remarked that while he agreed that the release of that particular patient was not advisable, he believed the discharge of patients to be one of the most important functions of a hospital, and added that very shortly he would begin recommending discharges.

We were bound to accept his premise, but we awaited his next move with many misgivings. By this time, the entire staff had a wholesome respect for Hough's professional opinions. We believed in him; nevertheless we were skeptical.

The first case that Hough presented for release was a young man whom he called "Bob." The history showed that when the chap first came to us—some years before—he had been just plain crazy. After a time he quieted down enough to help the attendants by polishing floors and doing other ward work. It seemed that he was doing this when he had appealed to the doctor for his discharge. Hough had assigned Bob to help the keeper of the store-room for a month, had sat next to him at breakfast for a couple of weeks, and had had several talks with a married brother of the patient. They had landed a job for Bob in a storage warehouse, Bob was to rent a room in a private dwelling near his brother's home, the brother was to see him frequently, and Hough guaranteed that he personally would see Bob at least twice a month.

Of course, the staff agreed and the patient was permitted to go. The long and short of it is that

this was fifteen years ago; Bob is still working for the same concern, and is an expert packer of fine china and glass-ware. Think of it! When he was admitted to the hospital, he was very destructive and smashed things whenever he had opportunity. Now he handles breakables every day with meticulous care. Bob married a girl who worked in a printing establishment. She knew all about his past. They have had no children, she keeps her job, and with their joint earnings they have bought a comfortable home.

Another of Hough's cases was a man who had been a journeyman barber. To send this man back into the world would have been a hopeless task for most people, for you cannot return a mental patient to a trade like barbering. Hough tackled another angle. He found that George—that was his name—had been raised on a farm, and in their talks together the doctor came to the conclusion that George could make good in the mechanical end of farming. He sent him down on the hospital farm with instructions that he be tried out in taking care of the implements.

There were several new machines and George seemed to sense them at once, and did good work in keeping them in order. Then Hough looked up a farmer who had worked at the hospital, and got the promise of a job for George. We discharged him and he went to work. For a long time Hough used to drive over to see him Sunday afternoons. Then George began to come to the hospital on Sundays. George is now the foreman in charge of several tractors on a large farm up-state.

These were only a couple of the cases that Hough put back into the workaday world. One of the attendants in his old department told me just before I left the hospital, that he had a list of twelve men whom Hough had dis-

charged. He said that he was keeping track of them, and that seven were paying income tax. These men used to be supported by the state; now they help to maintain the state.

The year that we entered the World War, Hough came to me to say that he was going to volunteer for service. His people had served in the Revolutionary War, his father had fought in the army of Robert E. Lee, and he must now do his part. I remarked with some delicacy that I had understood that he had valvular trouble, and, if so, I questioned whether he could stand the excitement and strain of Army service.

In a few weeks he had been

commissioned a Captain in the Medical Department. I was told that in order to be passed by the examiners he had waived all rights to government insurance and pension, and that on his paper the enrolling officer had written "This officer is not to be sent overseas." But he was sent and his name came back on one of early casualty lists.

And now the welfare workers and the social service agencies are trying by a rule of thumb and by elaborate charts to force their efforts and their plans on both the promising and the unpromising. Sometimes I think they select their intended beneficiaries in alphabetical order or by the shaking of dice.



Who Pays the Premiums?

Reported by Lawyer Hayward



I CAN'T pay now, but suppose I assign over an insurance policy on my own life for \$1,000 as collateral security," the patient suggested.

The doctor accepted the assignment; three months later the next annual premium on the life insurance policy fell due, and the patient took the notice down to the doctor's office.

"Well, send them your check by return mail," the latter suggested, as he glanced at the notice and handed it back.

"No, thank you, that's up to you."

"It's certainly not," the doctor argued. "I just hold the policy as collateral security and it goes back to you when paid. You'll be asking me to pay the license on your old Ford the next thing I know!"

"No such thing. You're holding the policy for your security, so you're the one who has to

pay the premiums."

"There's 30 days grace on the premium, isn't there?"

"Yes, it says so on the back of the notice."

"Well, I'll see my attorney on that point before the time's up," the doctor temporized.

And the attorney assured him that the law is that the burden of paying the premium rests upon the borrower and not on the lender.

"The law is that, where the insured assigns his life insurance as collateral security, the duty to keep the collateral in force by payment of the premiums rests on him, in the absence of a contract to the contrary," says the Nebraska Supreme Court.

"It would be manifestly unjust to give a security and kill it by failure to keep it alive," says the Georgia Court, and the same rule has been applied by the courts of other leading states, such as New York and Pennsylvania.

Give the Office Some Color

Continued from Page 24

place balanced by a long table, the room has that diversity which removes instantly the feeling of rows of chairs for people to sit in them. It becomes a room of character in which one may wait most agreeably without unpleasant thought.

The diagram explains sufficiently the furniture. The chair (14) is covered in a rather rough textured rep in a fine dull red. The two benches underneath the windows have a rather finely striped moire. The chair in front of the

secretary carries this same note and the easy chair (7) is covered with yellow grained linen. The two chairs on either side of the table are covered, one with another rep style cloth with roughish texture in green (8) and the other in a soft deep mauve tapestry (10). The chair between the windows is in a deep soft red—and the curtains are bound in red.

It is all simple; it is refreshing—and pleasant. Why shouldn't it be?



State and Medicine

Continued from Page 11

ciety. If he considers the patient to be incapacitated, he attends him as often and as long as he sees fit, and when the patient is considered well, he reports that fact to the Society and the sick benefits cease.

The average number of persons on one doctor's "panel" is about 1,000—some have as many as 1,500 or more (the limit is 3,000), and do a private practice besides.

In addition to paying the physician, the Government also pays for medicines prescribed, but only to the extent of two shillings (less than 50 cents) per capita, per year, for those on the panel. This obviously limits, more or less, the freedom of the prescriber, for, if it is found that he is ordering expensive drugs or those which, in the opinion of a board composed chiefly of laymen, are unnecessary, he may be "docked" the difference between the price of the drugs ordered and that of what the board believes to be required.

One feature which is not with-

out importance is the large amount of "paper work" required in keeping records and making reports. Many physicians have an ingrained dislike for this sort of thing, though it might increase their accuracy to a considerable extent, if carried out conscientiously.

The discussion quoted arose in Parliament, regarding the appropriation of something over a million dollars for the support of the approved societies, and brought out, rather frankly, some points regarding the operation of the Panel System which might logically be expected, from its inherent characteristics and in the present state of human nature, to occur.

Briefly and baldly stated, some of the distressing results of the panel system were as follows:

1.—Careless or inadequate handling of the cases, due to overloading with work. A village of 2,500 population, in the United States, would ordinarily have three or four doctors, as the av-

To quote an eminent authority on ultraviolet therapy:

"WITH regard to apparatus, there is no lamp which emits heat, light, and ultra-violet rays of every wave length. Different lamps give different selections of all three.

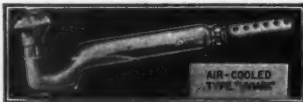
"The lamp which I recommend is the mercury vapor lamp. Its output is rich in ultra-violet rays, but poor in heat rays. It gives off no fumes. It is a clean, cold lamp. It works automatically, needing very little attention. Patients feel no warmth when under it, and they may complain of chilliness during treatment, especially in the winter months, unless the room is adequately warmed. A lamp of full size should be chosen. Small lamps are not of much use."

—E. P. CUMBERBATCH, M.B., D.M.R.E., M.R.C.P.

From a paper read before the Southport Division of the British Medical Assn., March 30, 1928. (British Med. Jour., July 14, 1928.)

Reprint No. 587 of the above article in full will be sent on request.

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erage, throughout the country, is about one physician to each 800 of population.

2.—Too ready certification of alleged ill persons. If a doctor is too "hard boiled" with those on his panel they may change to another who will be less particular in his scrutiny, thus depriving the conscientious physician of part of his income.

3.—Competition among "panel physicians," to increase the number on their lists. This would be disastrous to the higher professional instincts, and sometimes goes "beyond the bounds of decency."

4.—Widespread giving of placebos, at the expense of the Government, in order to hold patients. Many persons feel defrauded if they call upon a doctor who gives them no medicine.

5.—From the standpoint of the patients, a tendency to pauperization. There is a strong temptation, under such circumstances, to lean on the Government, rather than to stand on one's own legs, and to secure this type of medical service for those well able to pay a private physician, as in our own "free clinics."

There are, in this system, elements which might readily (if they have not already done so) cause a dangerous lowering of the professional and ethical standards of medical men which, in the long run, would result in serious detriment to the physical welfare of the people at large.

It must, however, be remembered that the condition of affairs in Great Britain, before the war, was quite different from anything we have ever seen in this country. Contract practice, under the management of various groups who were responsible to no one, was very general, and the fees paid for such services were, in most instances, wholly inadequate. On such a basis it is readily conceivable that State Medicine, as now practiced, has improved the condition of all con-

cerned in Great Britain, but it does not follow that it would be a good thing in the United States.

On the whole, Cox, in articles, expresses the belief that the financial condition of British physicians has been improved by these acts, and that cooperative effort is encouraged, though he admits that there has been a good deal of professional squabbling and that, "*It renders the profession much more liable to be used as a pawn in a political game.*"

In *Modern Medicine* for Oct., 1919 (p. 499), Bert Hall sums up a discussion of several systems of State Medicine by stating that, in England and Germany (in the latter country the system has been in operation for forty years), under compulsory health insurance, more time is lost through illness and each individual case is of longer duration than under individualized medical practice. This he believes to be due, partly at least, to the fact that the physicians of the highest type are not on the "panels."

He, further, calls attention to the fact that, in a certain Mutual Benefit Association which he studied, the attending physicians received one dollar or less for each call.

Other things being equal, we are likely to receive about what we pay for; and if we pay for medical attention at a routine, minimal fee, we are quite likely to receive routine, minimal service.

One wonders how those who are making earnest and maudlin pleas for State Medicine (under various euphemistic names and disguises) in the country would relish the type of medical attention which is quite likely to be given, in most cases, under the panel system or any equivalent of it.

In the United States we have been operating, to a considerable extent, for several years, under a partial and limited form of



This picture represents the actual experience of a physician, as described in the letter on the opposite page. To the physician who submits the best title to the picture we will present one of the famous new, Model "A" Ford Coupes, entirely free. For details read the opposite page.

State Medicine, known as the Sheppard-Towner Act and the Children's Bureau. What have these experiences accomplished in raising the physical, mental and moral level of the people in the states where these laws are operative?

In the first place, any state which receives aid from the Federal Government, under these acts, must accept their provisions unequivocally and without reservations, thus surrendering a measure of such sovereignty as is still left to it, and the people who avail themselves of such help must give up a considerable portion of their freedom of choice and judgment, and submit to a certain degree of what amounts to espionage.

In Montana, where these acts have been in full effect for several years, the birth rate is said to be the lowest, and the maternal septicemia rate the highest in the United States.

For a more detailed survey of the kind of work being done under our brand of State Medicine, the student of the subject may consult, among other sources, the April, 1927, issue of the *Medical Woman's Journal*, in which conditions in Oklahoma, Tennessee and Texas are described. In these commonwealths a considerable proportion of the work for infant and maternal welfare appears to be done by inadequately trained and overworked nurses

and by midwives, many of whom are negroes and Mexicans. The outlook is not especially alluring, even though some reductions in maternal and infant mortality is reported.

As a class, physicians probably rank as high in practical altruism as any group of people in the country, and the fact that most of those who are acquainted with the operation of the Sheppard-Towner Act oppose it strongly is worthy of consideration.

Another form of activity which closely approximates State Medicine is the establishment, chiefly in connection with our great medical teaching institutions, of large clinics where treatment is given, for a nominal fee or none at all, to thousands of ostensibly indigent or near-indigent persons every month. In some of these institutions, sincere and reasonably successful efforts are made to institute a survey of the social and economic status of the applicants, which will disclose and eliminate the ones who are not entitled to such services; in others such measures are little more than camouflage, as the authorities are eager to increase the attendance at their clinics by almost any means.

A heart-to-heart talk (free from fear of "leakage" to the authorities) with some of the internes, junior medical men and nurses who do most of the work in these great "free clinics" or

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some of the "Institutes" established and maintained by laymen, in various cities, will give one no very flattering picture of the type of service generally rendered in such places. But an interview with some of the physicians in the territory served by such institutions will reveal an actual animosity, which seems, in many instances, to be well founded, and based upon something more cog-

ent than the mere loss of fees, though that factor is one of more than simple selfishness. For without the financial support of his patients, the doctor cannot maintain his family and keep himself up to the modern standards, in knowledge and equipment, which enable him to give satisfactory service.

This article will be continued in Dec. MEDICAL ECONOMICS.



The Doctor and His Investments

Continued from Page 21

much less than \$4,000 a year, without breaking down their standard of living. And even that modest sum would be produced by no less than \$80,000 of insurance.

An ordinary life policy at Dr. Man's age would cost \$2,182. In the expectation that his financial condition will be somewhat easier in five years, Dr. Man could choose between ordinary life and a five year convertible term insurance policy, which without further physical examinations could be automatically turned into a more expensive policy at any time within five years at the option of the policyholder. An \$80,000 term insurance policy would cost Dr. Man \$942 annually. Instead of choosing between the two types, Dr. Man could take \$30,000 of ordinary life at a cost of \$818, and \$50,000 of convertible term at a cost of \$558.

One primary object of so large an insurance programme would be to assure the continuance of the education of the three children irrespective of the survival of the breadwinner. The more enterprising insurance companies offer special educational policies, which are mere adaptations of the basic insurance principle. One large insurance company offers a

special educational policy which matures when the child becomes eighteen, and is payable in instalments over a period of four years.

If Dr. Man wanted policies of \$5000 for each of his three children payable in instalments beginning when the beneficiary becomes eighteen, the cost per annum would be \$327 for the three-year-old child's policy, \$430 for the six-year-old child's policy, and \$663 for the policy of the ten-year-old child. If in any case the child should fail to attain the age of eighteen, the father could substitute another beneficiary. On the other hand, if the insured should die in the meantime, all premiums would be waived and the policy would be settled at maturity in accordance with the terms of the contract.

In all the rates quoted in this article, I have given the gross rates payable the first year. In subsequent years, such premiums are substantially reduced by dividends made by mutual companies operating on the participating plan. If Dr. Man found these special educational policies too costly, he could designate part of his ordinary life insurance for the special purpose of financing the higher education of his children.

(Turn the Page)

If the mother is not sufficiently skilled in financial matters to be entrusted with so large a sum, the proceeds could be left in the form of a trust with the life insurance company or with an independent trust company, either of which would pay out only the income to the beneficiary under conditions specified in advance. As between the two methods, the insurance trust with a trust company has more flexibility, and can be varied in accordance with fluctuating conditions. The trust company may be authorized to pay out part of the principal in emergencies, in accordance with the discretion of its officers.

Such an insurance programme, requiring \$2,356 a year in premiums, will absorb a lion's share of the surplus funds of Dr. Man. On the other hand, comparatively little of the savings of the bachelor physician of 35 was allocated to insurance. In addition, Dr. Man should take out a noncancellable health and accident policy to provide an income of at least \$500 monthly in case of disability. That would cost him \$180 additional. Moreover, he should carry fire and burglary insurance on his personal property, and as a practitioner, should also carry malpractice insurance. For his automobile, he needs heavy liability insurance, as well as fire, theft, and property damage.

To bring his financial experience beyond the offerings of insurance companies, Dr. Man will either have to tighten the family belt a little or augment his income. The insurance programme is based on the realization that untoward events may occur. His non-insurance financial programme should reflect greater optimism concerning his own financial future.

At the very foundation should be a checking account in a commercial bank, which will give him an automatic record of his expenditures. Probably his wife will also desire a checking account. In view of the disposition of the New York City banks to tend to

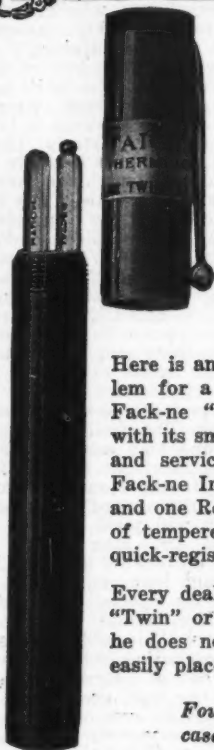
require substantial minimum balances—up to \$500—it would be more economical to have a joint account with Mrs. Man. The average balance is really the doctor's working capital, and it must be larger than that required by a salaried man, who gets a regular, fixed, weekly income, on which he can unfailingly count.

The secondary line of defense should consist of a thrift account with a savings bank, which will yield about 4 per cent in interest, compounded quarterly. The physician, who heads a family of six, should not let this balance run below \$1,000. Unless this reserve is reinforced by a portfolio of readily marketable securities, it should, of course, be considerably larger. The individual New York savings banks take accounts up to \$7,500, and additional accounts may be opened in other banks.

The third step is to inculcate regular habits of saving. Financial organizations which facilitate periodic saving should be sought. The well managed savings and loan associations stand at the forefront of such institutions. In the New York associations, savings of \$1 a share a month will yield \$200 in twelve years. Dr. Man could wisely place up to \$100 a month in savings and loan shares.

In his special circumstances, Dr. Man would be prudent to regularize his additional savings by contracting to buy good securities out of future earnings. At least one high grade bond house will sell its own offerings on the partial payment plan; another public utility holding company has made provision for the sale of its issues on the partial payment plan; and the Bell Telephone Securities Company, of 195 Broadway, New York, stands ready to buy at the market shares of American Telephone & Telegraph Company for subscribers who will agree to pay \$10 a share a month against such purchases.

Instead of concentrating on high priced stocks, which are dis-



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counting future expected benefits and at present giving only a slight current return, Dr. Man would do better to take on sound bonds and preferred stocks which give immediate current income, which could be applied to his current peak demands for funds to meet insurance premiums. As the programme becomes effective and Dr. Man's investable surplus increases, he could begin to direct attention to the outright purchase of the best grade of common stocks, which offer a stake in the prosperity of the future.

Dr. Man's current fund of \$10,000 is invested without any clearly conceived policy. It is suggested that he liquidate his holdings, and reinvest in a selection of the subjoined securities, picking only bonds and preferred stocks at present. Common stocks are also mentioned, for future

consideration as additional investable funds become available. After investing the first \$10,000 in bonds and preferred stocks (fifty per cent of each) Dr. Man might place about one-third of the next \$15,000 in the highest grade of common stocks. After the fund exceeds \$25,000, Dr. Man could prudently increase the ratio of common stocks.

One of the wisest ways to select common stocks would be through the medium of a well managed investment trust. Among well managed trusts might be included: The Investment Managers Company (A Fund), the Second International Securities Corp., the Second General American Investment Co., Old Colony Investment Trust, the Mutual Investment Trust, and the Sterling Securities Co.

This list of bonds is suggested:

Name of Borrower	Price	Approx. Yield
Brooklyn City R.R. 5s 1951.....	91½	6.11
Great Northern 7s 1936.....	112¾	4.61
Missouri Pacific Gen. 4s 1975.....	78½	5.56
Standard Milling Co. 1st Ref. 5½s 1945.....	103¾	5.51
Guaranteed 1st Mtge. 5½s.....	100	5.50

This list of preferred stocks is suggested:

Company	Rate of Dividend in Dollars	Price	Current Return
Atch., Topeka & Santa Fe Non-Cum....	5	104	4.80
Baltimore & Ohio Non-Cum.....	4	80	5.00
Chicago & Northwestern.....	7	137	5.10
General Elec. Cum Special.....	6	11¾	5.39
Mo. Kansas-Texas	7	104	6.37
New York, Chic. & St. Louis.....	6	107	5.61
Pere Marquette	5	98	5.10
Public Tel. & Cable.....	7	144	5.55
St. Louis-San Fran. Non-Cum.....	6	95	6.32
St. Louis-Southwestern	5	90	5.56
Second General Amer. Inv. Co.....	6	109	5.50

(Turn the Page)

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Any desired therapeutic light may be secured. Sunlight may be practically duplicated. Special intensities in various parts of the spectrum may be secured, from the infra-red to the ultra-violet.

This versatility is secured from any one arc lamp, by the simple operation of changing carbons. No auxiliary apparatus is needed.

Where time is a factor, and it usually is in a busy practice and in a large hospital, the fact that the carbon arc functions at full efficiency immediately is of considerable value. There is no waiting while warming up. No excessive starting current. Cost of operation is low when wattage and carbon costs are compared with the useful intensities obtained.

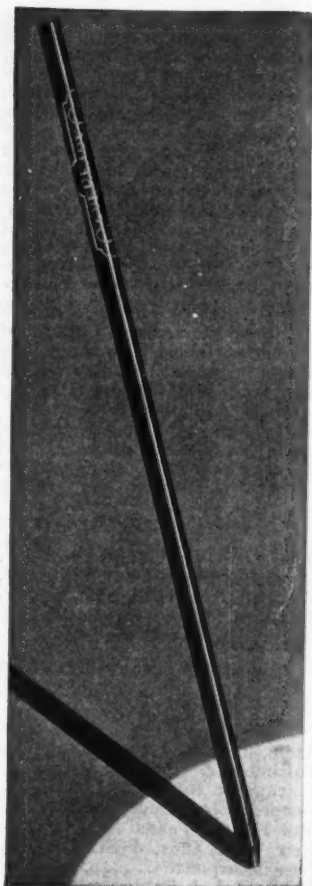
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Eveready National Therapeutic Carbons are sold by arc lamp makers and physicians' supply houses.

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Cleveland San Francisco



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This list of common stocks is suggested, with the admonition that the time of selection is a matter of importance:

Company	Rate of Dividend in Dollars	Price	Current Return
American Tel. & Tel. Co.....	9	179½	5.00
Endicott Johnson Corp. 5%.....	5	77	6.45
Electric Bond & Share Sec. Co.....	1	112½	.97
North American Co.....	10	73	10.00*
Minn., St. Paul & S.S. Marie L.L.....	4	62	6.45
New England Tel. & Tel.....	8	142	6.36
Sears Roebuck & Co.....	2.40	158½	1.58**
Southern Railway	8	144	5.55
Union Pacific	10	200	5.00

*Pays 10 per cent dividend in stock.

**Plus 4 per cent in stock.

Ups and Downs

-a monthly review by the
financial editor

The anomaly in 1928 of falling bond prices while stocks have been advancing to unprecedented peaks makes bonds at current quotations relatively more attractive to those who are seeking the highest current income consistent with safety. The sagging of bond prices, which recently brought them to the lowest level in more than two years, indicates no deterioration in the intrinsic merit of bonds, but reflects only a changing level of general interest rates. The loss of \$500,000,000 in the last year in net gold exports is largely responsible for higher current interest rates, which also reflect the larger demand for bank credit for speculative and commercial purposes.

At this period of the year, the country is just emerging from the peak demand for credit for crop moving purposes and for industrial needs. Although needs from these sources will decline rapidly in the next few weeks, the banks will feel no marked relief until

after the Christmas holidays. Beginning in the middle of November, there is usually a growing demand on the banks for currency on the part of shoppers.

In January, the bank position seasonally changes, as the currency which has been spent makes a return flow to the banks. Moreover merchants, flushed with holiday receipts, begin to liquidate their debts. The crucial question next January will be whether the member banks will be able to pay back to the Federal Reserve System the extra \$300,000,000 in reserve credit which Roy A. Young, governor of the System, predicts would be needed to tide the country over the period of seasonal expansion. Ordinarily the banks would in January reduce their indebtedness by at least this amount, and will be able to do so this time unless the stock market sops up this credit which was intended for business and agriculture.

If the stock market attempts to use this emergency credit, the Federal Reserve in January will no doubt resume its disciplinary campaign by raising rediscount rates or through selling Govern-

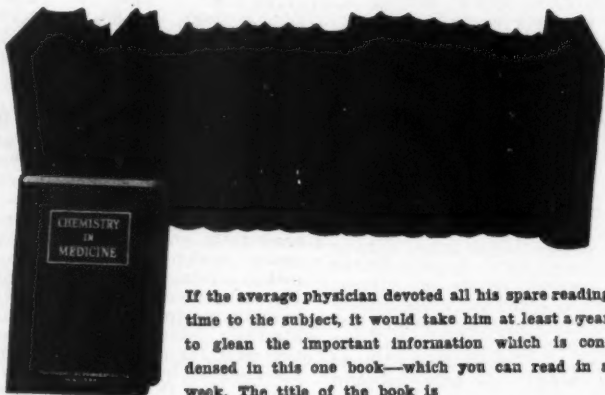
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ment securities in the open market or both. In the period of Autumn expansion, however, the Federal Reserve, primarily concerned with meeting the legitimate needs of industry and agriculture, has been giving speculators a breathing spell. Meantime, the volume of credit used for speculation and investment has risen to the highest level in the history of the country.

* * *

At this writing, railroad stocks, which have been comparatively neglected in the summer and the autumn rally, are cheaper in terms of established earning power and known assets than the general array of industrial stocks which at prevailing prices are optimistically discounting expected future developments, which may or may not materialize. The record breaking volume of current business activity and the largest agricultural crop in eight years are reflected in huge freight car loadings, and accord-

ingly the railroads are rapidly catching up on last year, although during the first half of this year they ran behind. Through operating economies, the Class I railroads will show better comparisons with 1927 in net income than in gross earnings. As a matter of fact, present indications are that the aggregate earnings of Class I roads will run 4 per cent ahead of last year's total.

* * *

The new vogue for investment trusts, which are agencies for expertly investing other people's money, continues to grow. There are already more than 200 of such institutions in the country, with total resources in excess of \$1,000,000,000. They differ widely among themselves in character and capacity of management, and in financial setup. The best investment trusts offer a means of relieving physicians of the tedium and responsibility of handling the details of their own investment problems.



New Shapes in the Sky

Continued from Page 29

floor is of Travertine marble and the corridor halls above the first floor are of Terrazzo. The side walls are of marble.

No expense was spared to make the lobby entrance as beau-

tiful as possible and a liberal use was made of marble and bronze, there being six entrance doors of solid bronze.

There is a mezzanine floor on which is located a luncheon club



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The Simplicity of **FITCHMUL** Enhances its efficiency. **FITCHMUL** contains Canadian Fir Balsam, Venice Turpentine, Chloric Ether, minute quantity of Hydrocyanic Acid, Tartar Emetic, Aromatics.

It commends itself to your Prescription practise.

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Among the Results of Constipation

are not only the grave toxemias of which much has been learned in recent years, but also conditions arising from mechanical factors, due to displacement of the viscera or pressure exerted by the distended bowel.

AGAROL, combining three essential actions: lubrication of the intestinal tract, restoration of the peristaltic force, and softening of the impacted feces, generally aids in overcoming the effects of constipation. Gentle but forceful in action, Agarol assists the organism to clean house in its own way, by restoring *normal peristaltic function*. The dependability of Agarol has definitely enlisted the interest of the medical profession who in most cases of acute or chronic constipation, successfully prescribe AGAROL — one tablespoonful on retiring.

Agarol is the original Mineral Oil—Agar-Agar Emulsion (with Phenolphthalein) and has these advantages:

Perfect emulsification; stability; pleasant taste without artificial flavoring; free from sugar, alkalies and alcohol; no oil leakage; no griping or pain; no nausea; not habit forming.

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RESPIRATORY DISEASES

During the coming fall and winter months, you will be called upon many times to prescribe remedies for diseases of the respiratory organs.

CAMPHORIC ACID CAPSULES

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are three preparations that are being used, by many physicians, with success in the treatment of respiratory ailments. We want you, too, to give them a trial and will gladly send samples and literature so you may have an opportunity to test them out in your own practice.

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Inc. 1897

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205-3rd Ave.
New York

for the tenants, and a lounge, beautifully appointed, which has aroused the favorable comment of everyone who has seen them.

The service to the tenants includes heat, light, elevator, gas, compressed air, power for X-ray, and telephone service.

This latter point is covered by a most unique system designed by the telephone company exclusively for this building, and which consists of a central switch-board into which feed extension lines from the various individual suites. Each tenant has his own jack. It is therefore possible for the operator to know whose call she is needed for. The lines do not go through the switch board and then to the offices, as in most boards, but directly to the offices and then to the switch board. There is an automatic cut-off whereby the operator is cut out of the conversation as soon as the telephone is lifted in the office, which prevents eaves-dropping.

The design and construction has aroused many favorable comments and is considered to be outstanding among this particular type of architecture.

It was awarded first prize by the Broad Street Association as the most beautiful building erected during 1927.

In order to relieve the physicians and dentists, who so willingly cooperated to make the venture a success, from any financial responsibility in the future, the United States Realty and Investment Company, a large corporation dealing in properties in Newark and vicinity, has taken over the financial control, while leaving the management and occupancy entirely under the direction of the Board of Managers. This transfer was consummated within the past two months.

The building was financed through local banks until completion, after which time a desirable mortgage was placed at low cost.

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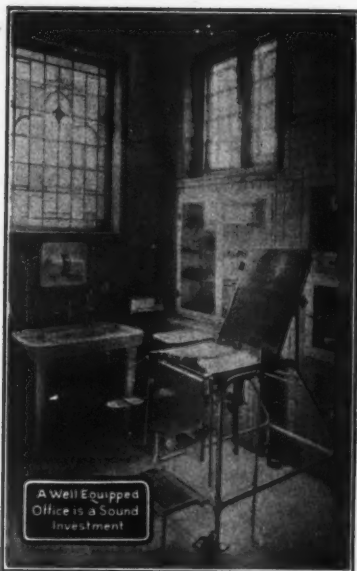
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Supporter is made and mailed within 24 hours after order is received in this office.

We will gladly send descriptive literature and samples of materials with full information as to results attainable, with order blanks explaining measurements.

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Good taste and practical utility should decide every question about the equipment of your office.

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McIntosh Diathermy

McIntosh Electrical Corporation,
Chicago, Ill.

Victor

Victor X-Ray Corp., Chicago, Ill.

Wappler

Wappler Electric Co.,
Long Island City, N. Y.

Sterilizers

Castle Sterilizers

Willmot Castle Co., Rochester, N. Y.

Business Methods in Office Practice

Continued from Page 13

chance to decline treatment if they really desire to do so, and to gracefully make their exit.

My assistant has previously ascertained the age, social condition, whether married or single and the occupation. Occasionally a patient objects to this seeming inquisitiveness, but is at once assured that all these questions have a bearing not only upon their physical condition, but upon the treatment as well. Further objections are rarely encountered.

I am now considering the type of specialty of which proctology is a good example, and in a community where one is constantly receiving strangers.

Before attempting to name a fee, the physician should size up his patient carefully. Long observation has taught me certain fundamental facts in this particular application of psychology. The patient who insists on sparing no expense, doing everything that can be done without regard to cost, will in very many cases, object to the payment of a nominal fee if you insist upon a cash consideration, and will rarely pay you if not collected in advance.

In contrast with this patient is the man who in a casual way relates his experiences in larger medical centers or clinics of repute. He expects to pay a good fee and if a nominal fee is made

him, confidence is likely to be lost. The patient who proceeds to flay every other physician who has treated him, will in due course of time dangle your scalp before another consultant. Last but not least, the greater the mileage between the physician's office and the patient, the more the patient expects of the physician and the more he is willing to pay.

I never treat a new patient without first having a definite business understanding. From time immemorial physicians have been imbued with the thought that they must adhere to a set scale of fees, and that all patients, the laborer and the banker, the wage-earner and the millionaire, must be charged the same. This should not be so.

I have made it a rule of my office that there shall be a minimum fee for rectal work regardless of the nature of the work to be done. If the patient is unable to pay this amount, I prefer to say to them that they are unable to pay my fee and that I will treat them as charity patients.

Very few patients like to be designated as charity cases, unless they really are worthy of charity. This phrase wounds their pride and most of them will

(Turn the Page)

For Heavy Colds - Grippe - Bronchitis

PRESCRIBE

R ANGIER'S EMULSION

Angier's is not a depressant but is naturally soothing. It loosens the secretions, promotes expectoration, relieves congestion and eases respiration. The emulsified oil maintains normal bowel action overcoming intestinal autointoxication.

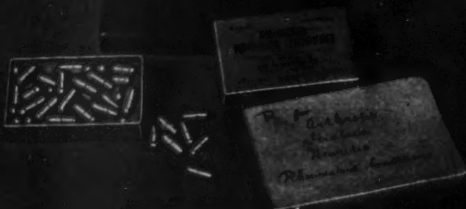
Trial Bottles free to physicians

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CINCHOPHEN PLUS IODINE

Farastan (Mono-Iodo-Cinchophen) is the first synthetic compound which combines the well-known therapeutic actions of Cinchophen with the antitoxic action of elemental Iodine. No Hydriodic acid is evolved, therefore, practically free from secondary effects. Indicated in the therapy of rheumatoids and arthritic conditions. Write for full-size package and literature.

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The versatility of SPUNOINT makes it invaluable to the busy doctor.

**A Protective for Wound Dressings,
Lubricant for Instruments,
Massage Cream**

Sample and literature on request.

The Lyndon Chemical Co.

Dayton, Ohio

either manage to pay the fee named or will postpone treatment until a later period.

I believe that if you value your services, you will be paid accordingly. You will never get a fee if you do not ask for it. It is a difficult matter to raise your fee once you have made it.

After you have named your fee the next usual question that the patient will ask is: "How do you want this paid, Doctor?"

This is the most important question that the physician has to answer. If you appear over-anxious and answer by asking the question that is usually asked, "How can you pay it?", you have placed yourself on the defensive.

Of course you want the fee paid cash, but you are afraid to say so. You are afraid that you will drive your patient to your competitor.

When the question is asked me, I invariably reply, "You may pay me with cash or by check, whichever you prefer. A check will be perfectly satisfactory to me."

By this reply you have disarmed your patient. You have indicated to him that the thought had never occurred to you that he expected to pay in any other way than cash, and if he has the cash or can write you a check, he usually does so without further hesitancy.

If he cannot pay you by cash or by check, he will so state, then giving you an opportunity to ask him how he can make the payment. One physician I know answered the question of "how much" by saying: "It is worth so much to treat you."

I insist that all my fees for rectal work shall be paid cash or within thirty days. If it is a case that will be dismissed within less time than thirty days, I then insist that the final payment be made well within the time estimated to effect a cure.

I believe that it is a good practice to take notes for the unpaid balance, even though you may be unable to legally collect them. It is a heavy moral obligation.

Duo-Septubes for Vaginal Antisepsis in jelly form.

Tube and rubber nozzle for individual treatment. A highly antiseptic, non-irritating, non-poisonous therapeutic formula for vaginal treatment.

Order thru drug jobber or physicians supply house. Specify if necessary, the physicians package with R label.

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Phosphorcin, prescribed at the approach of winter will help your debilitated patients to resist Winter Diseases

High Assimilability
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When Prescribing Iron

*The doctor demands
4 basic requirements
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Neoferrum has stood the test of time and won professional approval because it fulfills the four basic requirements of an iron preparation:

- (1) Its iron is in an easily assimilable form.
- (2) It does not cause constipation.
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Actual case reports by phy-

sicians of high standing prove that Neoferrum improves appetite and color, restores vitality and increases the oxygen-carrying power of the blood more rapidly than any other form of iron. And it produces a remarkable increase in the red blood cell count and hemoglobin percentage.

That is why so many physicians specify "Neoferrum" for chlorosis, anemias and debilitated conditions in adults and children.

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Each fluid ounce (30 cc.) contains
 Elemental iron.....1.400 gr.
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 Arsenious acid.....0.0035 gr.
 In solution with Maltine and high grade
 sherry wine.
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 We will gladly send you free samples. Please check those desired.

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| <input type="checkbox"/> Maltine with Cod Liver Oil and Iron Iodide | <input type="checkbox"/> Malto-Yerbine |

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THE MALTINE COMPANY Brooklyn, N. Y.

Manufacturers of pharmaceuticals since 1875

If my prospective patient is sincere and insists upon an installment plan of making his payments, I do not overlook the fact that the fee I made was a cash fee. I make plain to him that there will be a 10% carrying charge if the fee is not paid cash, but that if made in full within a specified number of days, I will carry the account as a cash item, thus saving him the overcharge.

If your office setting has been effective, and you are a successful seller, because the successful practice of medicine is literally nothing more than the art of selling your personality, you will make the practice of medicine a financial success. Most people are willing to pay well for your services, and especially if your environment spells success. But you must always bear in mind that, if you are dealing with strangers you must protect yourself against those who might forget to pay you.

I realize that many physicians, especially general practitioners and men of the older school, will be inclined to criticise me for emphasizing the collection of fees. They will accuse me of being mercenary. But I do not believe that it is mercenary to make sure that one is not going to be cheated out of his rightful income.

No merchant will extend credit to strangers indiscriminately, or at least no merchant who desires to stay in business long. Any phy-

sician is, speaking from the investment standpoint, one of the biggest merchants in his town and in order to stay in town he must have more than enough income to meet his expenses. The only way he can be sure of his income is to make sure that he is not treating dead-beats.

He should give charity, yes, but the point is, he should find out whether or not it is charity before he begins treatment.

Many of my precepts might not apply to the general practitioner because most of his patients are people whom he knows, and his relation to the patient is much more intimate than is usually possible in the case of the specialist. But even he must be wary of indulging in involuntary charity.

The physician, like every other man who relies upon his individual efforts for a livelihood, is entitled to a bit of earth, a modest competence and a well earned rest when his sun begins to set.

It is very well to sing the praises of the physician as a beneficiary to mankind and even to build homes for disabled and dependent physicians. However, when a man comes into a profession he brings with him a tremendous investment in knowledge and training and there is no reason in the world why he should leave the profession without owning a considerable investment in the form of good securities.

FOR INFLUENZA AND BRONCHOPNEUMONIA

No specific serum is available for influenza or bronchopneumonia. But the colloidal metals, notably gold and silver, have been proved to exert on the system an action very similar to that of therapeutic sera. That is why many leading European physicians always carry an emergency ampoule of

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"—when I was 21": A booklet of the usual attractiveness which characterizes all Reed & Carnrick publications, and containing some interesting data about digestion and dyspeptics. The address is: Reed & Carnrick, Jersey City, New Jersey.

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Intestinal and Bowel Management: A publication fresh from the press of the Deshell Laboratories, Inc., covering all the uses of Petrolagar. It is more, however, than an advertising booklet, being enhanced with excellent drawings and photographs. This is undoubtedly one of the best booklets of the year. The address is: Deshell Laboratories, Inc., 536 Lake Shore Drive, Chicago, Ill.

* * *

Food Value of the Banana: One of the authoritative publications issued by the United Fruit Co. The booklet contains figures and tables compiled from recognized authorities and is now in its fourth edition. Write: United Fruit Co., Dept. M. E., 1 Federal Street, Boston, Mass.

* * *

Varicose Veins and Other Treatment: A survey of the literature on the injection method of treating varicose veins may be obtained by writing the Loeser Laboratory, 22 West 26th Street, New York.

New Advances in Technique: A highly interesting booklet of forty pages giving a resume of injection methods. It is written by Allen W. Rucker and copies may be obtained from the MacGregor Instrument Company, Needham, Mass.

* * *

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Calcium Therapy in Diseases of Children: An exact summary of all current literature on this interesting subject with special reference to the double salt of calcium-sodium lactate (Kalzan). Copies will be sent gratis to physicians by the Wulfin Company, Inc., 15 East 26th St., New York.

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Booklet of Facts: Literature on the use of balsam products in the treatment of bronchial conditions is offered by the A. Perley Fitch Co., Concord, N. H.

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Samples of BiSoDol: Literature and samples are offered physicians by the BiSoDol Co., 130 Bristol St., New Haven, Conn.

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for physicians
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**[A department in which to find ideas
on where to go and how to get there]**

West Indies Cruises: One of the year's most beautiful tour booklets, telling about what the Cunard Line is offering this winter. Received from: The Cunard Steamship Co., 25 Broadway, New York.

* * *

Mediterranean, Europe and North Africa: A big folder of winter cruises offered by the International Travel Club, Union Trust Bldg., Cleveland, Ohio.

* * *

Read About England: The Great Western Railway has published a number of good books, and this circular lists them. Received from Great Western Railway, 505 Fifth Avenue, New York.

* * *

Winter Playground: What Niagara and the Lake Placid region offers in the way of winter sports and scenery. The folder is from the New York Central Lines, 466 Lexington Avenue, New York.

* * *

Canadian National Route to West Indies: A large descriptive folder announcing a new fleet in the Canada-West Indies service. Write: Canadian National Steamship Co., 384 St. James St., W., Montreal, Canada.

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Tours Around South America: Trips of from 53 days to three months are covered in this illustrated folder put out by the Grace Line, 10 Hanover Square, New York.

Oriental Art Cruise: Describing an unusual travel project in which Dr. Herbert H. Gowen, authority on Asia, will lead an educational tour to the Orient. Literature may be obtained from: The American Mail Line, Seattle, Washington.

* * *

In Europe, Still Room to Park the Car: A new edition of a booklet telling how to travel in Europe with one's own car. A comparison of hotel prices is included. Received from: European Auto Travel Bureau, 173 Newbury Street, Boston, Mass.

* * *

The Alaska Railroad: A travelogue, outlining the things seen along the Mt. McKinley Park route, from Seward to Fairbanks. Issued by U. S. Government Printing Office, Washington, D. C.

* * *

Your Own Cruise Around the World: Telling how one can make an independent trip around the world, staying anywhere as long as he likes. Received from: Dollar Line, 311 California Street, San Francisco, Calif.

* * *

Winter Recreations: What's doing during the winter in the Pocono Mountain district of Pennsylvania, told about in a circular from the Monroe County Publicity Bureau, Stroudsburg, Pa.

The Profession Writes the Pepsodent Formula

Thus it conforms constantly to the latest
dental and medical findings of the day.

THE dental and medical professions — not merely The Pepsodent Company — have written the Pepsodent formula.

The makers of this product have only one opinion. That is, the dominant dental and medical opinions of today. No private theories are permitted to contest the scientific findings of these professions.

Thus the sole claim made for Pepsodent is that it meets the exactments of **TODAY**, as outlined by leading dental and medical opinions of **TODAY**, in a dentifrice.

Thus, too, the Pepsodent formula is ever undergoing development and advancement. The formula of today is different from five years ago. New discoveries, made in the scientific

fields during that period, have from time to time been embodied.

That means, as these professions have advanced, Pepsodent has advanced with them. It means that as new discoveries come to light, and are proved correct by the leading practice of the day, they are immediately embodied in Pepsodent.

One of the main objects of Pepsodent is to remove the film — or mucin plaque — from the teeth in accord with modern authoritative dental opinion. To firm and give tonal quality to the gums in accord with the **LATEST** findings of science approved by the profession.

We believe that is the kind of dentifrice the profession wants. A full-size tube for trial will be gladly sent you on receipt of coupon.

THE PEPSODENT CO.
5611 Ludington Building, Chicago, Ill.

Please send me, free of charge, one
regular 50-cent size tube of Pepsodent,
with literature and formula.

Name.....

Address.....

Enclose card or letterhead

5611

Physicians I Have Met

Continued from Page 18

not to be confused with the intelligent detail man. There is little excuse for the countless army of 'pill peddlers' who infest the medical office buildings, cluttering up the waiting rooms of busy doctors, waiting to present their wares like the fakir on the street corner.

The average doctor has but little commercial training. He is a good target for the unprincipled manufacturer of materials which he must use in his daily work. Too often he buys, purely through his susceptibility to high pressure salesmanship, products which he is afraid to use after he has them. Then again there is the constant temptation to use such products because they are ready at hand, even though they do not exactly fit the case.

The physician of today does not need anyone to tell him what remedies to use on a certain case; he does not need anyone to do his prescribing. There are however, certain essential elements in a product which he should demand. He cannot make an analysis of every product he buys; he has neither the equipment nor the time. He must therefore rely solely upon the integrity of the maker of the product he uses.

He should insist upon the full

and complete formulae being upon every label, and the label should be that of a house upon whom he can rely. He owes it to himself and his patient to use only the best materials. He should not consider price too much. Any of it is cheap enough if it does the work, and there is nothing made that cannot be made worse and sold for less.

There is nothing too good for the doctor with a conscience, and his success is measured by the results he attains.

The representative, either of an equipment or a pharmaceutical manufacturer, who has a real message, who can state his case in ten or fifteen minutes, who makes no rash claims for his product, and who is for the doctor first, last and all the time, is one of the most valuable adjuncts of practice.

If the doctor were to see every fellow who makes a demand upon his time, he would see as many salesmen as patients. Obviously, he cannot do such a thing. But there is no doctor who could not well afford to give representatives of reliable houses the few minutes required. To do otherwise is but to deny oneself the right to keep abreast of scientific items and methods.

Odd as it may seem, the really



FOR FIFTY YEARS

The value of inhalents for the relief of cough is unquestionable.

For fifty years Vapo-Cresolene has been demonstrating its usefulness in this field.

These cresols of coal tar, so strongly antiseptic, yet harmless as vaporized, have never ceased to grow in favor as a means of relieving cough and difficult breathing as in whooping cough, bronchitis, broncho-pneumonia and bronchial asthma.

The Vapo-Cresolene Company

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The Alkali Defense

As there is evidence that a system saturated with alkalies resists certain diseases of bacterial etiology, the use of BiSoDoL is rational for combating influenza, grippe, the common cold, and associated conditions.

This balanced alkalinizing agent combats the acidosis and aids recovery.

Because of its valuable antacid properties, BiSoDoL affords quick relief in stubborn cases of gastric hyperacidity, sour stomach with acid eructations after meals, the morning sickness of pregnancy, and cases of cyclic vomiting.

It is so pleasant to take that there is no objection on the part of the patient.

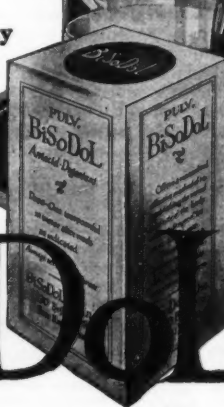
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Dept. M. E. 11

Write for
literature and sample



BiSoDoL

busy doctor always has time to see the true representative, and will go out of his way to do so. It is not uncommon to have one of these fellows give the detail man preference over his patient.

Some time ago the Harvard committee on pernicious anemia appointed one of the larger commercial houses as an agent to manufacture a Liver Extract, which had been named a specific in the treatment of the disease. Shortly after the product had been developed and was ready for market, a representative of the house called upon a certain young physician of a type known in the parlance of detail men as 'wise boy.' The doctor did not have time to see him, although he probably hadn't seen a patient all day.

Less than two weeks afterward this same doctor was scouring the country for Liver Extract. But sad to relate he had obtained his information from outside sources, had become confused as to the proper product, and was using the extract for hypertension, a condition for which this particular fraction of liver is not intended, and in which it is of little or no value.

Had the physician taken advantage of a ten minute discussion with the detail man, he might have saved himself a great deal of embarrassment.

It is no violation of confidence to say that some of the most scientific houses have now compiled a select list of physicians. These are the men upon whom their representatives are to call at eight week intervals, to the exclusion of all others. This writer is not qualified to tell any doctor how to conduct his practice, but if he were a doctor, he would certainly want to be on that select list.

Detail men have doctors catalogued in three distinct classes: "wise boys," "sample grabbers" and "regulars."

The "wise boy," as the title implies, is the fellow who knows

*Replaces
Internal
Medication*



BETUL-OL
**Obviates
Digestive Disturbances**

THE perfect external anal-
gesic for Rheumatism,
Neuritis, Sprains, Muscular
Stiffness.

The HUXLEY LABORATORIES, Inc.
SUCCESSORS TO ANGLO-AMERICAN PHARMACEUTICAL CO., INC.
175 VARICK ST. NEW YORK

SANMETTO

A
Requisite in the
General Treatment of

**URETHRITIS--CYSTITIS
PROSTATITIS**

Well Tolerated,
Quickest in Reducing
Inflammation,
Allays Pain.

OD CHEMICAL CO.
61 Barrow St., New York

You may send me literature and
samples of your SANMETTO.

..... M.D.
..... Street
..... City and State

Food Intoxications

THE investigations of Howland and Marriott show that the therapy of acidosis resulting from food intoxications agrees closely with the general effects of the treatment of acidosis in nephritis and in diabetes.

While the matter of diet regulation is of paramount importance, alkaline therapy provides a helpful adjunct.

"The Dispensary of the U. S." states that "in cases of gastric hyperacidity, whether due to overacidity of the stomach or to fermentative changes in the foodstuff, it (Magnesia) is one of the best correctives that we have."

Phillips Milk of Magnesia, presenting magnesium oxide in a true colloidal suspension, is much preferable to powdered magnesia for this purpose.

Physicians can prescribe Phillips Milk of Magnesia with confidence, because their patients, whether children or adults, find it palatable, easy to take, and free from distension or gastric irritation.

PHILLIPS Milk of Magnesia

CAUTION. The physician is advised to beware of imitations of Phillips Milk of Magnesia. Kindly prescribe in original 4-ounce and 12-ounce bottles, obtainable from druggists everywhere.

"Milk of Magnesia" has been the U. S. Registered Trade Mark of The Charles H. Phillips Chemical Co. and its predecessor Charles H. Phillips since 1875.

Prepared only by

The Charles H. Phillips Chemical Co., New York and London

it all. It is a constant source of amazement that these men can acquire such a wonderful knowledge of the products of the world, when it is such a task for us to keep informed on the products of the one house we try to represent. These boys can learn nothing from anyone.

They regard with scorn the findings of the great clinicians, and research laboratories. If anything is developed about which they do not know, it cannot possibly be anything but a fake.

Had it been worth while, they would have known about it long before the clinicians, even though years may have been spent in its development. This class is usually represented by the fellows just out of school. Most of them get next to themselves at about the age of 35. If they get past that age without changing their habits, they are done for, so far as the successful practice of scientific medicine is concerned.

One of these fellows told the writer two years ago, that within one year treatment of diabetes mellitus with Insulin would be a thing of the past. Five weeks ago a patient whom this doctor had "adopted" from a fellow practitioner was forced to undergo an amputation of a leg, which was the penalty for having listened to the voice of the tempter, and having followed the easiest way.

This patient had been on Insulin for five years, was in the best

of health, and successfully managing a farm of large acreage. Now he is on his back, wondering why such doctors are allowed to go along unmolested, ranking high in their county, state and national associations.

Then we have the "sample grabber." These fellows are usually of little consequence, and hardly worthy of mention. Quite often they rely altogether on old man 'psychology', and if fortunate in getting the 85%, might be fairly successful. Tough on these boys though, if they happen to get any of the 15% who really need the services of the doctor.

I have heard physicians say that they rarely ever bought medicine, but managed to keep going on the samples they secure from manufacturers. Many of them say that when they run out, they merely write the manufacturer for more. Aside from being highly unethical, this practice borders on dishonesty, and needless to say, such a man seldom gets far in his profession. Of course such doctors do no prescribing but dispense exclusively. It is obvious that if they lack conscience in one matter they will in another, and too often they make the case fit the pill on hand.

As a sweet relief and glorious contrast to the two classes of physicians discussed in the foregoing paragraphs, we have what we choose to call the "regulars." These are the boys who make the detail man's life worth-while and

What the Medical Profession Is Now Prescribing

STANNOXYL

For BOILS, STYES, CARBUNCLES, ACNE
and all STAPHYLOCOCCUS INFECTIONS

May we send you a sample?

1270 BROADWAY

THE ANGLO-FRENCH DRUG CO.

NEW YORK CITY

New Advances in Technique-

A Complimentary Copy Free!



MEN have been helping nature many years in the healing of their fellows. Yet it has remained for modern research to discover the precision principles that have given wide-spread practice to this century's epochal discoveries.

Research has, for example, developed a new American Luer Syringe. Resistant to extremes of heat and cold. This because it is made of high-test boiler gauge glass. So smooth the piston will whirl in the barrel without trace of jerk. So tight a two pound reverse pressure exerted for 20 seconds will not cause the loss of a single cc of air. So accurate that a hair breadth's variation in scale graduation is grossness. So uniform that nozzle will fit any Luer needle. So smooth and beautiful that it is rightly termed the nearest to a faultless syringe instrumentation yet produced. Conceived and perfected by the manufacturers of VIM Stainless Steel Needles.

Back of the development of the VIM Emerald Glass Luer Syringe lies a tale of long experiment and persistent research that reads like a romance. The story is completely told in a new monograph, "New Advances in Technique", together with six (6) other epochal discoveries in instrumentation.

If you would like to own and read a copy, tear off the coupon below and mail it to us. The book comes to you postpaid and without obligation of any kind.

.....
MacGREGOR INSTRUMENT CO.,
P.O. Box 102
Needham, Mass.

I would like to own and read a copy of "New Advances in Technique", together with the story of six other epochal discoveries in instrumentation.

Name

Street

Town..... State.....

his position possible. They listen to your story, discuss your product with you frankly, and either accept it or reject it, as their judgment dictates.

You know just where to find them; if they tell you they will use your product, use it they will; if it does not appeal they will tell you so just as frankly. It is a matter of record that the highly successful men fall under this classification. It is a stock phrase of the detail man that the busy doctor is always the easiest to see. He is of the opinion that the better commercial houses are necessary adjuncts to the practice of modern medicine. He is always glad to see the representatives of these houses, and often sees them ahead of his waiting patients. This writer has frequently heard the expression from physicians: "I can see patients any time, but you are only here today."

Of the three classifications, the last is greatly in the majority. Physicians, as a rule, are the finest bunch of fellows in the wide, wide world. And thank the Lord, or whoever is responsible, there are more of the "regulars" and fewer of the "wise boys" and "sample grabbers" with each passing year.



Salesmen I Have Met!

Continued from Page 19

patients, and for all I accomplished with the vaccine, I might just as well have been injecting aqua subcutaneously. After a period of ten weeks, Mr. Miracle Worker turned up in my office to tell me some more about his miracle-working preparations, and I related my experiences with the vaccine to him. He assured me that I had not used it long enough and that, given more

time, the product would do all he claimed for it. The result was that I even bought some more of the expensive vaccine. I used it again and again without producing a cure.

About the same time, Mr. Smith, another miracle worker, representing another first-rate house, called on me and told me all about a new pill the research department of his firm was putting out. It was a sure cure for the same ailment. This pill was to be taken internally three times a day for forty days. No other medication was needed. He induced me to buy a supply and try them on my patients. I did.

The net result was that such patients as I tried the pills on not only were not cured, but incurred further disability through complications in the disease. This same man, at another time, talked me into trying some other tablets that he claimed would break up pneumonia. These, also, were to be taken internally three times a day. I used them on four or five patients. Net results: zero. The disease ran its course, just as it would have if I had resorted solely to Mother Nature's cure, fresh air, rest and water.

I shall pass over the Back Slapper, who comes in and tells you what nice things he has heard about you from some other doctor or doctors in his territory, thereby hoping to flatter you sufficiently to lull your business sense to sleep. And I do not want to waste any time writing about the fellow who greets his customer with: "Say, Doctor, I've got a good one to tell you. B-z-z, b-z-z, b-z-z."

The woods are full of them, and, as often as not, they are representatives of reputable firms.

The fourth kind of salesman is the worst pest of all. He uses high-pressure salesmanship on you, talks fast and furious, but overplays his game with me by trying to push his products on me.

My policy is never to buy more

DE LA RUE Ink Pencils

*"Simple as a pencil,
but writes with ink."*

Just the thing for
writing out pre-
scriptions easily
and clearly
where desk is
not available.

Try one and
see what a
difference
it makes.

Red

Black

Mottled

Self-filling
\$3.00

Dropper filling
\$2.00 or 2.50
(small or large)

Onoto Models
(Iridio-platinum point)

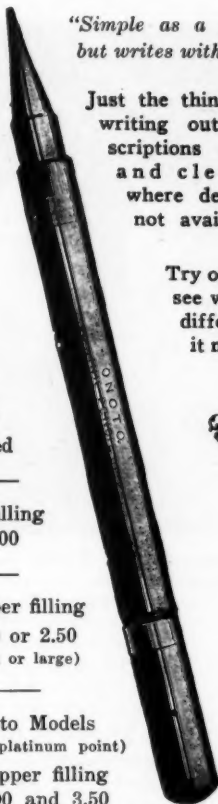
Dropper filling
\$3.00 and 3.50

Gold-mounted models for
Christmas gifts

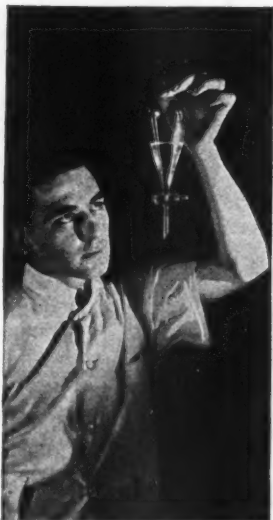
\$4.00, 5.00, 7.50 and 25.00

If your dealer cannot supply you,
write for circular MN

THOMAS DE LA RUE & Co., Ltd.
450 Fourth Avenue New York



TEST SHOWS---



Kellogg's to be ONLY U - S - P Tasteless CASTOR OIL!

One of New York's best known Analytical and consulting chemists says:

"Kellogg's Tasteless Castor Oil meets all requirements of U.S.P.X. and represents a castor oil of high quality.

"The sample marked No. 2 contains Benzyl Alcohol and is therefore adulterated and does not meet the requirements of the U.S.P.X."

There is no substitute for purity

The exclusive patented process of Spencer Kellogg & Sons, Inc. (Patent No. 1,372,632—granted March 22nd, 1921) removes every trace of taste and odor and yet retains full strength and all medicinal value.

Unlike "concoction" castor oil preparations, Kellogg's Tasteless Castor Oil is entirely free from after-nausea. Children take it readily and retain it on their delicate little stomachs.

Being free from flavoring agents, coloring matter and preservatives, Kellogg's Tasteless Castor Oil, in original bottles, is not only 100% pure but is the only recognized U.S.P. tasteless and odorless castor oil on the market. Furthermore, it is the only castor oil actually bottled at the refinery, this being done within 6 hours after crushing from the bean.

Kellogg's Tasteless Castor Oil is **NEVER SOLD IN BULK!**

WALTER JANVIER, INC., Distributors

417 Canal Street

New York City

drugs or supplies than I can use up before the salesman's next visit. If more doctors would pin their faith to this measure, they would be money in pocket, and would not have to be worrying about how to meet their drug bills. I know how much of any one thing I need, and no salesman is able to cajole me into buying any more.

Many of them try. They do it this way: "Doctor, I'll write you up for a gross of so-and-so. The winter is coming on, and you'll need more of it."

Or, "Doctor X bought thus-and-thus." Or, in answer to my protest about the payment of large drug bills, "Doctor, you don't have to worry about the bill. Your credit is good."

Some of them seek to appeal to my sense of economy in this way: "If you buy in ten-gallon lots, you save fifteen per cent." Every doctor is familiar with these salesmen, who talk and talk and try to show you the advantage of buying in huge quantities. My contention is, however, that there is no advantage in buying more than you need of anything, no matter what you may save in the aggregate.

Why tie up capital or worry about meeting bills for products that deteriorate in your supply room and which it may take you two or three years to use up?

With different pharmaceutical houses putting forth their claims for different drugs, guaranteed to be the latest word in cures for

the same disease, what is the busy physician to do? How is he going to separate the wheat from the chaff? One of his ways is to ask for samples and try out the various products.

He is then accused by the self-seeking salesman of being a sample grabber. But what is a sample grabber? A doctor who asks for six to a dozen one or two ounce bottles of a particular drug, so that he may test it out in a few cases? Samples are notoriously inadequate. How can I judge the results fairly by dosing my patient with a small quantity of any given medicine? Or how can I judge a drug by what is accomplished, or not accomplished, on one patient?

In other words, when a Miracle Worker comes along, I ask him to give me samples and plenty of them. If I am willing to use my time and risk my reputation giving his drug, the least he can do is to contribute the drug, until I have given it a fair trial and know from experience what that drug can do. After all, practical results are what count with me, and not solely the recommendations of laboratory experts.

Which brings me to my next point. A good many salesmen are not thoroughly familiar with the clinical phase of medicine. They should, generally, be given a more thorough grounding along this line. They may be pharmacists, and good ones, but they know only from hearsay about the results obtainable from the use of a certain drug. Let them

ARTHROIDS

(TILDEN)

Indicated in the treatment of Arthritis, Gout, Rheumatism, and Neuritis.

FORMULA

Cinchophen	grains 5
Lithium Bitartrate.....	grains 2½
Sodium Cacodylate.....	grain 1/8
Parathyroid Gland Desiccated.....	grain 1/20

In bottles of 100 Capsules only. Net price \$4.00 per 100

Prepared only by

THE TILDEN COMPANY

Pharmaceutical Chemists Since 1848

New Lebanon, N. Y.

St. Louis, Mo.

WHEN hepatic secretion is suppressed, in whole or in part, the process of digestion ceases to work smoothly and after a time the sufferer seeks professional advice.

Among the several agents recommended

CHIONIA

A Preparation of

Chionanthus

Virginica

has won a position of prominence. It has been in use for so many years that practically the entire profession is acquainted with its value as an hepatic stimulant. Prepared exclusively for Physicians' Prescriptions.

Gentlemen:

Please send me a professional sample of CHIONIA.

Dr.

Address

.....

Peacock Chemical Co.
St. Louis, Mo.

see it administered to patients and let them note the results, before they expect the practitioner to give them full credence.

Further, let them then be modest in their presentation of their products, for, in medicine, there is the ever-present human equation. All drugs do not act with equal results on all men. Modesty, besides, is always the companion of great merit. Personally, I shall be more willing to believe the salesman who does not make overwhelming claims, than I am the one whose product he is sure will do the work one hundred times out of a hundred. I believe most physicians feel the same way about it.

Another matter: when a salesman makes the statement that scores of big doctors in the East or West or some other localities, have been using so-and-so with marvelous results, I want him to give me the names and addresses of a few of the men. Why the glittering generalities? If these men have been using so-and-so with fine results, I assume that they will not mind, in the event that I write them, telling their fellow-practitioner in another part of the country about it. Surely, under the circumstances, there can be no professional fear or jealousy.

Let salesmen give these matters a thought, when they step into the doctor's office. Then there can be no complaints either from them or from the doctor, who must always be wary about being victimized.

It has been said that physicians are the most gullible folks in the world. Maybe so, on some things. But in his own line the doctor must doubt, doubt, doubt.

And for anybody to step into one's office and claim for his product world-beating qualities is to insult one's intelligence. It will pay any salesman to err on the conservative side; to understate rather than to overstate.

We are naturally more inclined to give him our confidence, and confidence is what sells products.

A Series of Collection Reminders

Continued from Page 31

fact is briefly noted on the list. Thus the list shows at a glance any time those who have not paid their current bills. This is used then to send out the series of follow-ups.

As explained in the foregoing, the physicians assume that their debtors are honest, though probably absent-minded. Therefore, these reminders are designed to jog the memory of those forgetful ones; not to attempt to frighten them into paying, for that creates more than enough ill-feeling to counter-balance whatever good the thing does in getting past due money.

The physicians have found that promptness in follow-up is essential to successful collections. There is a printed note across the bottom of each statement to the effect that all bills are payable on or before the 10th of the current month. It is evident that they mean it, because on the afternoon of the 10th all those persons whose names still remain unscratched on the list are mailed the first of the reminders. It reads:

**WE ARE ANXIOUS
To Hear From You**

There are two ways you can let us know why you have not paid us this past due account.

Either phone or place a check in the mail — today — please — \$15.00.

The card bears the name and address of the clinic. It also bears a semi-humorous cartoon aimed at making the recipient smile, for these physicians believe that even in the medical profession a little smiling goes a long way, whether you're administering to a patient or asking a well man to pay his just debts. The cartoon shows an ill-proportioned character, obviously a representative of the physicians, shedding huge tears

Cystogen



**A safe genito-urinary
antiseptic and uric
acid solvent**

Cystogen is a medical derivative of formaldehyde, eligible for internal medication; a hexamethylene product unusually free from irritating properties.

FOUR FORMS

1. Cystogen Tablets
2. Cystogen Lithia Tablets
3. Cystogen Aperient
4. Cystogen Crystalline

*Samples and literature free
on request*

CYSTOGEN CHEMICAL CO.
220 Thirty-sixth Street
Brooklyn, N. Y.

**Conviction that
REARGON
and
NEO-REARGON**

EXCEL
all other **GNOCIDES**
comes with seeing
VISUAL PROOF
of its
DEEPER PENETRATION
and
NON-TOXICITY.

We have a copy for you

.....
AKATOS, Inc.,
114 Liberty St., New York.
Send me REARGON literature.
Also Penetration and Non-Toxicity
Chart.

..... M.D.
..... Street
..... City and State

SAFE...PLEASANT...MILD...

AMONG the characteristics which make Feen-a-mint a desirable and efficient specific for constipation and related conditions:

1. Safe.
2. No tendency to "after-constipation".
3. Mild in action, producing easy movements which can be accommodated without haste.

4. Small dosage.

5. No nausea or griping.

6. Sweet, pleasant flavor and highly palatable.

A request on professional stationery will bring a trial supply of Feen-a-mint to any physician — with no implied obligation whatsoever.

FEEN-A-MINT
The Chewing Laxative

HEALTH PRODUCTS CORPORATION

113 N. 13th St., Newark, N. J.

LOGICAL?

The fountain syringe is often inconvenient to use. The vaginal douche is sometimes contra indicated and the solutions employed irritant or ineffective. Some vaginal suppositories or cones contain agents which are potentially irritating or even actually toxic.

Medicaments indicated for use in the treatment of LEUCORRHOEA, VAGINITIS, HYPERSECRETION, ATONIC RELAXATION OF TISSUE, CERVICAL ULCERATION, should be brought and held into close and prolonged contact with the affected parts. Astringent, decongestive, and sedative agents should be employed for this purpose. Therefore,

MICAJAH'S MEDICATED WAFERS

offer a practical safe and effective way to employ treatment, either in the office or by the patient herself.

MICAJAH'S SUPPOSITORIES

shrink pile tissue, stop bleeding, soothe soreness, do not "wear out" in effect, contain no narcotic drug.

Samples and literature on request.

MICAJAH AND COMPANY

186 Conewango Ave.

Warren, Penna.

because (apparently) the postman standing before him had no check for him. The inference is that the character is sobbing because the recipient's check was missing in the day's mails.

Five days later the second mailing goes out to all names still unmarked on the list. This, like all the others, is a card about the size of a government postal card, printed on one side. The same humorous character appears on this, and the text reads:

\$25.00 REWARD

Dead or Alive

for information as to why all the bills on our desk have not been paid.

Your check for \$30 has been missing since February 10th.

These mailings are not series as regular series go. That is, no particular one has any tie-up with the other. The first is just as urgent as the last. There is nothing of the formal, threatening credit notice in any of them. They are primarily reminders. The third reads:

WHEN GABRIEL BLOWS

His Horn and St. Peter Opens the Gates what are you going to say about that \$20.00?

The character on this card helps the story considerably. He is shown talking with St. Peter, who says to him, "Give me the names of the people who have not paid their bills." The character is laughing heartily at the thought of being able to get even with those troublesome delinquents.

That mailing goes out on the 20th of the same month to all whose names have not been scratched from the list. On the 25th—just five days later—the fourth card goes out. It is something of an ace-in-the-hole, so to speak. It is an orange-colored card. Around it is neatly wrapped a piece of bright green twine fully three feet long. The text reads:

IF IT'S STRING YOU NEED

BACILLUS ACIDOPHILUS CULTURE
(B. A. CULTURE)

Our Cultures are prescribed by discriminating physicians.

The purity, effectiveness and convenient form (4 ounce liquid suspension) of B. B. CULTURE and BACILLUS ACIDOPHILUS CULTURE (B.A. CULTURE) appeal strongly to users of lactic cultures.

May we submit descriptive literature and samples for clinical trial?

B. B. Culture

Laboratory, Inc.

Yonkers,

New York

NICHOLS
SYPHON POWDER



A really fine antiseptic powder for all nasal douching and irrigation giving excellent results. Thoroughly harmless, yet wonderfully effective.

Used by leading Rhinologists!

WRITE for BIG SAMPLE

NICHOLS
NASAL SYPHON

159 East 34th St. - New York

DONIGER KROME PLATE *Rust-Resisting* SURGICAL INSTRUMENTS

YOU HAVE IT ON YOUR AUTOMOBILE,

on your wrist watch, in your bathroom, in your kitchen. A thousand industries are using it to increase and improve their production.

WHY NOT ON YOUR INSTRUMENTS?

Krome Plate has been demonstrated scientifically and practically to possess these qualities and virtues:

- (a) It is Rust-resisting
- (b) Tarnish-proof
- (c) Resists heat (repeated sterilization)
- (d) Is hardest metal known
- (e) Lasts longer

DONIGER Krome instruments are made of selected, pore-free, HIGH CARBON Steel which alone gives the necessary springiness and resiliency so necessary in a surgical instrument.

They are shaped and ground to a smooth lustre finish, then rendered **RUST-RESISTING** and **TARNISH PROOF** by a nickel base and a heavy plating of pure **CHROMIUM**.

They combine extreme sensitiveness and flexibility with great strength and endurance.

AS TO COST

Surprisingly Doniger Krome Plate Instruments cost less than half of Rustless Steel instruments and only fractionally more than the cheapest nickel instruments. They are guaranteed to give at least three to five times the wear of nickel.

For your protection specify Doniger Krome Plate—"The Pioneer Line"—and avoid a host of inferior imitations that are now springing up.

Sold thru Dealers only

Write for Catalogue

S. DONIGER & CO., Inc.
23 East 21st St. New York City

Makers of
X-Acto Syringes and Needles.

Lubrication Needed



NOT only bulk but also lubrication is required for prompt disposal of alimentary wastes and residues.

In dealing with cases of chronic constipation a most valuable aid has recently become available in

PSYLLA

the seed of a plant (plantago psyllium) which grows wild in Asia Minor.

Psylla acts rationally and with surprising efficiency. On coming in contact with moisture, it gives off a mucilaginous substance and at the same time swells to a jelly-like mass many times the volume of the original material.

Psylla gives a bland, bulky, lubricated residue in the intestine—a great aid in the treatment of constipation. It has no medicinal or drug action and so may be used indefinitely.

We will gladly send you a can of Psylla for test, without charge.

The Battle Creek Food Company

Battle Creek Mich.
Dept. M. E. 11

We have it to remind you that your check for February has not reached us.

Why not drop it in the mail NOW?

It's just \$10—and we'll appreciate your promptness a great deal.

All four pieces fit into regular note-size envelopes and are mailed under first class postage in compliance with postal regulations demanding that all matter of a collection nature be concealed when in the mails.



Propping Up the Old Enthusiasm

Continued from Page 39

before experiencing another slump."

Another physician, in practice about ten years, feels that stolen leisure is the most recreative and so prefers to take his time out in a modified form of "Dutch leave." He talks in this effect:

"Every now and then, like some of the others I know, I get to wondering what it is all about.

"I suppose that I perhaps, am of a more worrying nature than many surgeons. But whether I am or not the fact remains that I do, sometimes, feel as though I'd like to be anything else in the world but a surgeon.

"Of course this is only a passing feeling. Deep down I know I'd never find as much satisfaction in any other line of activity. But

when I do get to feeling that way it makes a wreck of me—I depress every one I come in contact with—assistants, nurses, patients and my family.

"I try to snap out of it just as quickly as possible. Experience has shown me that the most effective method is to quit work for a half day or a day. I postpone all immediate operations—if I can do so—and cancel all appointments; then I 'go fishing.' But 'going fishing' with me sometimes simply means going to a movie or getting in my car and driving far out into the country, or going down to the gym and playing handball, or getting out to the country club and playing golf.

"Each time I've played hokey from school in that way I've got-

A tonic laxative that contains no coal tar products **FOR HABITUAL CONSTIPATION**

that gives a natural movement
without irritation or griping

Cascara Comp. Tablets

KILLGORE'S

Liberal Sample and Formula on Request

CHARLES KILLGORE

57 West Third Street

New York



No One Needs to Suffer From Rheumatism--

Because the stomach
will tolerate
"Alkalinized
Phenoxylates"

ALKALINIZED Phenoxylates is an effervescing remedy for Rheumatism. It contains Sodium, Strontium, Magnesium and Methyl Salicylates, Phenoxylie Acid, Sodium Bicarbonate and Colchicum Seed. Perhaps the most important feature of this efficacious remedy is its toleration by the stomach. Simply drop two or three tablets in a full glass of water and administer every two hours until the saturation point is reached. "Alkalinized Phenoxylates" counteracts Hyperacidity and does not liberate salicylic acid in the stomach, therefore the irritation is minimized. You will find it effective in your Rheumatic cases.

Walker Corp. & Co., Inc.
Auburn, New York

Gentlemen: Please send me a sample bottle
of "Alkalinized Phenoxylates."

Dr.

Address

.....



ten double joy out of my vacation. It has not only been a real rest but it also has some the pleasure of stolen sweets.

"It takes me back to the time when we used to get twice as much fun out of playing 'hookey' from school as we could out of a regular holiday. I don't think I'll ever outgrow that feeling. Besides when you take your absence 'without leave' you have more of a motive for getting back.

"Once or twice, though, I've still not been in the mood for returning to work at the conclusion of the half day or day. In such cases I have postponed work for another day, with the result that I've found it so hard to put in the time on the second day's vacation that I've gone back to work with a real sense of joy at getting busy again.

"To my way of thinking, such 'stolen' vacations as these are infinitely superior to regularly appointed leisure in peppering a man up."


A physician well along in years gave this interesting slant on the matter: "When I find my interest and enthusiasm flagging, I get out my record book in which I have a complete summary of everything I've done since beginning to practice. I add up totals since the last time I totalled the various columns. I list, for instances, the number of calls I have made. I total the number of operations I've successfully performed, the number of pa-

Listers

FLOUR
Starch-free

Self-rising and easily made into palatable foods in patient's home.

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If it is Cunard, you will have days and days of sea-going perfection . . .

This year the first cruise sails December First . . . Every day on board will be a sun-drenched interlude between one fascinating port and the next . . . You can swing along the very Parisian Prado in Havana at midnight and still be in a tropic frame of amiability in the morning . . . Staterooms which you will not want to leave even in alluring Nassau . . . restaurants with Transatlantic secrets and the day's yield of native dishes thrown in . . . The Cunard way of "getting things done . . ."

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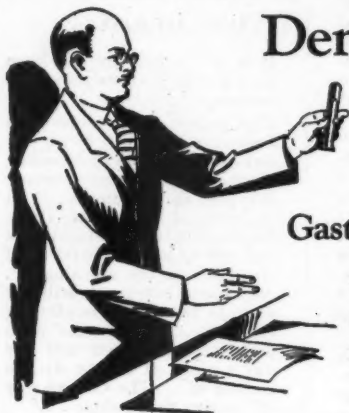
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Shows principle involved in the new method of treating

Gastric Hyperacidity

which is superseding the old method of chemical neutralization.

ALUCOL

(COLLOIDAL HYDROXIDE OF ALUMINUM)

A true colloidal type of hydroxide of aluminum—combines colloiddally with excess acid in the stomach carrying it off as a colloidal “gel” and removing it from the system.

You should know about this new method of treating gastric hyperacidity. Write at once for information, a container of ALUCOL, and instructions on how to make the verifying chemical demonstration.

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Please send me, without obligation, a container of ALUCOL for clinical test and brochure entitled “A New Way to Treat Hyperacidity”.

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Address

tients I've attended in my office. And so on.

"Because I've been practicing many years and have been pretty busy most of the time, the totals reach quite impressive figures. It always fills me with considerable pride to see just how much I have accomplished in my life.

"Then if the consideration of these figures isn't enough to bring back my enthusiasm to me, I say something like this to myself:

"Well, I'm really on the way to making a record. I'll get these figures in good shape and have them handy so that when I die the folks can give them to the local papers. It sure will make quite a stir when people see how much work I've done. And now while I'm still alive I'll just bring the record even higher."

"That sort of thing always inspires me—it always gives me another mark to reach, and it always makes me go back to work with renewed zeal.

"Perhaps I'm silly to mull over all these figures, but what's the difference as long as I get satisfaction out of it and it helps me to keep up my enthusiasm?

"I often think that perhaps if other physicians who occasionally crab about the demands of their work and all that sort of thing, would keep the same sort of records the figures would serve as real inspiration to them, too. Why shouldn't a physician

be proud of what he has accomplished in a long, active life? And what better way of knowing just what he has accomplished than by keeping the sort of records I've kept?"

A young physician who had the usual struggle to get started said this:

"When I was trying so hard to get under way I had a good many blue moments and often wondered if I'd made a mistake in going into medicine.

"At first I didn't know how to get over these spells except by letting them wear off. But later on I set myself to the task of figuring out just why I got to feeling that way and just what I could do about it. After studying the matter carefully I came to the conclusion that the real reason I felt blue was not because I wasn't making money. I hadn't expected to have an easy time of it at the start. I hadn't expected to begin making money right away. The real reason was because I was idle.

"I don't believe anyone can feel very enthusiastic about his work when he has nothing to do. Idleness, it seems to me, is the father of blueness—which is another name for lack of enthusiasm.

"It seemed to me, then, that the logical thing to do in curing my blueness and in getting back my enthusiasm was to get busy at medicine even though I got noth-

Large and
Small Tubes

Petaplastm
MADE IN U.S.A. PAT. OFF.
A PLASTIC PREPARATION OF IRISH PEAT

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Size Cans

ANTIPHLOGISTIC—HYGROSCOPIC—ANTISEPTIC

Light in Weight—Easily Removed

Liberal Sample on Request


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ERGOAPIOL (Smith)

A non-narcotic agent prescribed by physicians throughout the world in the treatment of

AMENORRHEA, DYSMENORRHEA, ETC.

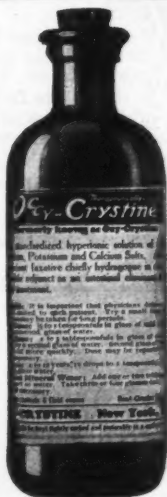
Ergoapiol (Smith) is supplied only in packages containing twenty capsules.

As a safeguard against imposition, the letters "M H S" are embossed on the inner surface of each capsule, thus 

Dose: One or two capsules three or four times a day

Literature on Request

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Oecy-Crystine Therapeutically Correct

Formerly known as Oxy-Crystine

"The Saturated Saline Laxative"

Elimination by the bowel tract is fundamental in the treatment of all forms of disease.

Elimination by the bowel tract is fundamental in the maintenance of good health.

Oecy-Crystine being a hypertonic solution of the neutral sulphates of potassium, sodium and magnesium is always the "Saline" of choice whether the requirements are for a simple laxative or a drastic cathartic.

Clinical trial supply on request.

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New York, N. Y.

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Gentlemen:—Please send me postage prepaid a clinical trial supply of Oecy-CRYSTINE.

Name

Address

M.E.

ing for what I did. With this thought in mind, I volunteered for every bit of work that I could think of—baby health weeks, free city clinics, health lectures in schools and so on. This kept me busy and, best of all, it made me fairly well known, with the result that work began coming my way. It has been coming better ever since.

"I'd say, then, that to cure a lack of enthusiasm the thing to do is to get busier than ever."

Naturally the methods these doctors describe are not intended to take the place of a regular vacation, which should come into the program anyway. But vacations are notoriously ineffective in creating a desire to get back to work. Vacations or not, any man that works as tediously as the average doctor needs some suggestions like these to keep him enthused.

Due to many requests, reprints have been made of the entire series of "New Shapes in the Sky" articles. The series so far comprises eleven reprints, which will be mailed to readers at the rate of ten cents per reprint.



What Rewards for Research?

Continued from Page 17

How powerful the "check rein" he held through his patents, may as well be told.

Steenbock was able to control the licensing of his process to old established, conservative concerns engaged in the manufacture of foods. Personally he set the limits of the sales talk which might be based on his discovery. There were to be no panacea claims. There were to be no exaggerated statements. He exer-

They have the three actions

the effective local treatment of hemorrhoids requires

UNGUENTINE Cones are an *tiphlogistic, mildly astringent, non-irritating*. The relief of a varicose condition such as Hemorrhoids demands all these properties.

Physicians have employed these suppositories extensively for many years. Their experience has shown that Unguentine Cones quickly soothe rectal burning, smarting and itching—that they can relieve the most annoying symptoms of hemorrhoids, both internal and external.

Even in cases requiring internal treatment or operation, they rapidly decrease the amount of blood discharged and aid in bringing about a marked reduction in size. Data indicate that in a majority of cases, not too far advanced, they can effect permanent relief.

Physicians who have not made use of Norwich Unguentine Cones are often surprised at the efficacy of this local treatment. We believe you would find it of real value in your work. Packaged in boxes of 12. We should be glad to send you a trial box without cost. Address Medical Department, The Norwich Pharmacal Company, Norwich, N. Y.

Unguentine Cones



A trusted name

For Substitution There's Always A Reason!



Nine times out of ten it's greater profit to the seller—meaning, of course, poorer quality in the product.

And the patient pays a higher price in ill health!!

Physicians have written us that "similar" tonics substituted for Gray's Glycerine Tonic Comp. do *not* give the results they are accustomed to from the original.

Protect your patient and your own peace of mind by specifying in your prescription —

Gray's Glycerine Tonic Comp. $\frac{1}{3}$ vi. *
(Formula Dr. John P. Gray) (original bottle)

*THIS is the special prescription also for your convenience. Also available in 16-oz. bottles.

THE PURDUE FREDERICK COMPANY
135 Christopher Street, New York City

Wherever Vaginal Antisepsis Is Indicated, prescribe— New!

K-D KONES

K-D KONE is a vaginal suppository containing sodium hypochlorite in a non-greasy, neutral soap-like stabilizing base. Immediately upon introduction into the vagina, free chlorine is liberated, thereby efficiently rendering the vaginal tract aseptic. K-D Kones do not irritate or produce soreness or desensitization of the vaginal mucosa. They allay irritation and are without toxic action.

K-D Kones are being ethically introduced to the medical profession for strictly prescription purposes, as you will note by the package.

For more complete information, including the booklet "Practical Vaginal Antisepsis" and a package of K-D Kones for clinical trial, send this handy coupon.

The Clinical Laboratories Co.
(Inc.)
8 West 40th St., New York City



Gentlemen: You may send me your booklet "Practical Vaginal Antisepsis, and professional sample, gratis.

Dr.

Address

Druggist Name..... Address.....

K-6

cised a veto over the names which might be applied to the irradiated products. He banned "solarized", "vitaminized", and a score of other more spectacular phrases which immediately suggested themselves to the advertising and selling mind.

"We scientists," he calmly said, "call the process 'irradiation'. Scientifically, the products which pass under the rays of ultra violet lamps and are imbued with Vitamin D are 'irradiated'. The word that is good enough for scientists is good enough for the layman. If they don't understand the word, explain it to them. That has been done before."

Foreign scientists had made observations which, by inference, might well be applied to irradiated foods. Kreitmair and Eichholz had written, quite recently, that their tests with irradiated ergosterol showed that the rats receiving Vitamin D were able to resist diseases to which the control groups, which did not receive the ergosterol, fell victims. Among these diseases were pneumonia and bronchitis. Steenbock's ethical veto was a firm one.

"Try it out on a large group of adult humans," he said, "and if our American research workers confirm the Kreitmair experiments, fully, the results should be interesting. But there must be no panacea claims."

What he chose to adhere to, until searching experiments proved more, was that the feeding of irradiated cereals and other foodstuffs containing Vitamin D "aided in the retention of calcium and phosphorus". He had proved to the satisfaction of science that his laboratory animals had failed to develop rickets on a highly rachitic diet when that ration was irradiated. For him, the scientist, that was sensational enough.

Fortunately, he chose as licensees for his patents conservative concerns, willing to abide by that dictum. They saw the advantage of a product which would not be in need of exploitation as a panacea, but one which gave to their products the scientific addition of Vitamin D where and when it had not contained the anti-rachitic factor before.

That, in itself, was reward enough, Steenbock held, for his twenty years of research: adding to the store of human well being a factor which nature had not provided.

And there is, I think, a thought here for the physician-discoverer who may find himself perplexed by the ethical code concerning patents. A patent which serves, not for the purposes of exploitation, but as a protection *against* exploitation, is going present ethics one step better.

With the many thousands of cases of **TUBERCULOSIS**

home treatment is absolutely necessary and prominent Physicians agree that we have no medicinal remedy equal to creosote.

Mistura Creosote Comp.

(KILLGORE'S)

Meets all the requirements of the creosote treatment. It is a palatable preparation and does not disturb the most sensitive stomach.

Sample and Literature on request

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NEURASTHENIA

In the symptom-complex of neurasthenia, usually the result of prolonged mental strain or overwork, there is marked depression of the vital forces and nervous debility. In such conditions

ESKAY'S NEURO PHOSPHATES

SMITH, KLINE
& FRENCH CO.
105-115 No. 5th St.
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Established 1841
Manufacturers of
Eskay's Food
Eskay's Suxiphen

is of paramount value as a nerve-tissue reconstructive. Not only does it stimulate nerve-cell functions and improve nerve-cell nutrition, but it acts also as a stomachic bitter, increasing the appetite and improving the digestion.

Eight and Sixteen ounce bottles

Your Patients won't argue now

YOU know the kind of patient — age has nothing to do with it — who says, "Oh doctor, I can't bear to drink that chalky tasting milk of magnesia." Well, they won't argue any more — because you can prescribe pleasant tasting Milnesia Wafers. Each wafer equals two teaspoons of U.S.P. milk of magnesia in a form they'll like to take.

*Milnesia is clean, palatable, economical —
write us for free office samples.*

MILNESIA LABORATORIES, Inc.
11 East 36th Street New York City

MILNESIA WAFERS

Everybody's (Cont. from Business Page 15]

their contention by pointing out that the effort to enforce prohibition, instead of promoting good citizenship, has created hypocrisy, corruption and political cowardice. Unfortunately, the whole problem has been clouded by fanaticism and confused by the uncritical acceptance of hasty claims and dubious statistics. Attention has been given to minor factors to the exclusion of such major considerations as the effects of the experiment upon consumption, purchasing power and production.

Prior to 1920 the consumption of alcoholic beverages in America was increasing more rapidly than population. If the pre-war conditions had continued unmodified, we would now be spending two billions of dollars yearly on alcoholic drinks. A considerable part of this large sum must still be assigned to drink. A nation-wide survey recently disclosed that the number of non-drinking people has increased; the homes of the working classes have benefited materially; there has been an increase in the thrift of the wage-earner, and with him drinking is no longer a matter of routine; and finally, the hard drinker has received very little benefit from prohibition.

Those who have benefited most through the abolition of the saloon are the motion-picture owners, the automobile producers, the building trades, the radio manufacturers and concerns providing sundry sports and recreations.

(Turn the Page)

THE IDEAL TAMPON

Pessary shaped. Medicated—ready to use. The only Tampon that stays in position. Special introductory offer, one dozen No. 2 Ichthyol Iodine Comp. and one dozen No. 8 Zinc Sulphocarbonate Comp. on receipt of \$3.00. Regularly \$2.00 per dozen. C. B. Moyer & Co., 140 N. 11th St., Philadelphia.

The Improved Nestlé's Milk Food

—an anti-rachitic polycarbo-
hydrate milk modifier

THE Improved Nestlé's Milk Food, prepared with equal parts of fresh cow's milk and water, provides an ideal feeding for the normal infant—properly balanced in fat, protein and carbohydrate (an easily digested mixture of lactose, saccharose, maltose, dextrin and starch). Mineral contents have been reinforced, especially in the needed calcium and phosphate.

Milk content has been made adequate for the infant's milk needs even when Food is prepared with water only. Especially valuable, therefore, (1) when infants do not tolerate fresh cow's milk, (2) when milk supply is of doubtful purity, or (3) when advisable to give feeding relatively low in fat and protein and high in carbohydrate.

PROTECTS AGAINST RICKETS, because there has been added to it the vitamin-content of cod-liver oil without the disagreeable taste and odor.

FREE to Physicians



Booklet on composition, properties and uses of the Improved Nestlé's Food has been prepared by Helen L. Fales, formerly research chemist and nutritional worker at the Babies' Hospital. For copy, free sample of Food and celluloid feeding table calculator, mail coupon below.

NESTLÉ'S milk food

NESTLÉ'S FOOD CO., INC., DEPT. 17-F-11
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- Samples of the Improved Nestlé's Food
 - Celluloid feeding table calculator
 - Booklet by H. L. Fales
- Please send supplies checked FREE to:

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"Cream of the Crop"

LUCKY STRIKE
"IT'S TOASTED"
CIGARETTES

"I prefer Lucky Strikes"
Walter Hagen

Walter Hagen,
International Golf Champion

The finest tobacco—long even cut—
no dust—"It's Toasted"—all im-
purities removed—flavor improved.

"It's toasted"

No Throat Irritation—No Cough.

© 1928, The American Tobacco Co., Manufacturers

The majority opinion of several thousand corporations that submitted reports set forth a number of interesting facts: "Blue Mondays" are less in evidence, and the discharges for drunkenness have decreased. Industrial accident rates have been reduced. The farmer's only important loss from the enforcement of the law has been in the restriction of his market for hops and barley.

In 1914, only one per cent of the country's production of wheat, oats and corn went into the production of alcoholic beverages, and nine per cent of the rye was so used. But the total loss to agriculture has been offset by substantial gains in other directions, the most striking being a larger demand for milk and an enormous increase in grape consumption, partly perhaps, for home-made wine. All of which helps to explain why the farmer is an ardent supporter of prohibition.

No matter what his personal preferences may be, the impartial investigator cannot avoid the conclusion that, from a purely economic standpoint, the advantages are largely with prohibition. The future is uncertain. Considering the question from its purely ethical and political aspects, we must recognize the truth that some of the evils re-

sulting from prohibition are now showing an upward trend. There has been a steady, uninterrupted growth in violent crime since 1919.

Governmental costs have increased and political leadership has not improved. The experiment has not been completed. The next few years challenge us to prove that our increased economic power, which in considerable part has resulted from prohibition, has been purchased at a cost that leaves the credit balance on the side of national progress.

The fact is we must prepare to accept more regulation of our personal habits and business methods in the future than we have had in the past. All activities that in any way touch public welfare will be subjected to restrictions. New motor laws will force us to utilize our streets and highways for the full 24 hours of the day. Trucking traffic will be compelled to adjust itself to night hours, and there will be penalties for drivers who increase congestion by moving too slowly. Automobiles engaged in through travel will be forced to use by-pass roads, thereby avoiding the towns and cities that lie along their routes.

The problem of unemployment will be largely supervised and controlled by the State. It was



A generous sample for clinical trial will be sent upon receipt of your request.

Taurocol Tablets are prepared in two forms, both of which contain only the purified portion of the natural bile of the bovis family, and its two active salts, the Taurocolate and Glycocholate of soda.

Taurocol Compound Tablets
with Digestive Ferments and
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For 33 years—the Standard Effervescent Saline

SINCE 1895 doctors have used, prescribed and recommended Sal Hepatica. It is the approved laxative and cathartic for flushing the intestinal tract and for promoting internal purification.

Sal Hepatica is an effervescent saline combination similar to the natural "Bitter Waters" of certain medicinal springs here and abroad, and is fortified by the addition of sodium phosphate.

Sal Hepatica is an ideal preparation for the practitioner to recommend—it is efficient, palatable and reliable, and does not create a condition of tolerance.



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ECHITONE

Clinical results have proven the power of ECHITONE to correct many conditions caused by a Blood Dyscrasia, Syphilitic Eruptions, Scrofula, Chronic Eczema, Furunculosis, etc.

CYSTO SEDATIVE

is recommended in the treatment of almost every form of Cystitis and Prostatitis, especially old, chronic cases with frequent urination. Excellent results have been obtained in Cystitis of the Vesicle Neck, Pyelitis and chronic Posterior Urethritis. Complete formula, literature and samples to physicians only.

STRONG, COBB & COMPANY
511 Central Ave. Cleveland, Ohio

recently disclosed that nearly 20 per cent of our idle people will not work even when jobs are offered them. A similar number are out of jobs because of some physical incapacity that proper medical attention might easily remedy.

In the day that's coming we will view this question from the standpoint of national welfare, and will regard it as a duty of the State to correct physical infirmities that prevent dependent citizens from entering the wage-earning class. Just as the Government is expected to meet the necessities of war, so will it be considered the job of state and federal forces to design and enforce measures to wipe out the peaks and valleys of our industrial life.

The exercise of government regulative powers to preserve public health has hardly more than commenced. Soon in every city we will have health courts to enforce the sanitary codes. The Health Commissioner of New York stated recently that 300 candy factories in the metropolis are now conducted in a manner that is atrocious. Impure confections are marketed in every part of the city. A handful of physicians who have been failures in the practice of medicine now make a farce of sanitary inspection by offering to investigate a plant for as little as 25 cents. Frequently these inspectors fill out the necessary blanks without even visiting the plants to see if the food handlers are suffering from communicable diseases.

It is silly to insist that business shall be entirely free of governmental interference. A well justified opposition to the part of the average citizen to Govern-

ment ownership and operation of industry is being carried to a dangerous extreme. Seventy per cent of our people belong to a great, unorganized middle class that would be helpless between the unrestrained forces of capital and labor. Whereas Government ownership in general business is undesirable and destructive, reasonable Government regulation is essential and constructive.

We must change our present view-point and prepare to accept an entirely new definition of personal liberty. We do not deny the right of the State to prohibit the sale of firearms and such dangerous drugs as cocaine and opium. Where such legislation has been put in force, we do not denounce the laws and demand their repeal merely because a number of people succeed in violating these statutes.

No longer can any citizen extend his field of individual rights to the point where he is a menace to the public or a nuisance to his neighbors. He cannot pour black smoke from his chimneys into the windows of surrounding buildings. He cannot play the radio at three A. M. in a congested region on a hot summer night without expecting interference from the public. Before long this same kind of restrictive action will prevent the use of riveting machines and dozens of other noise-making devices that cut down the efficiency of fellows like myself who depend upon mental concentration to gain a livelihood.

Even the old expression, "Free as the air," has become obsolete. This is because science has completely transformed our environment without effecting any material change in human nature

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PINEOLEUM

Free on request: 1/2 doz. new Pipet packages or \$1 Improved Oil Nebulizer
The Pineoleum Company, Dept. ME. 62 West 16th St., New York City

WHEN the heart has been weakened from prolonged overwork and strain,

CACTINA PILLETTS

*A Preparation of the Mexican
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may be safely and effectively prescribed.

Thus employed, Cactina gradually improves the nutrition and tone of the heart muscle, restores the cardiac rhythm and renders the heart more resistant to irritating influences. Cactina is a true cardiac tonic without cumulative effect.

*Samples to Physicians
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Gentlemen:

Please send me a professional sample of CACTINA PILLETTS.

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**Sultan Drug Company
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We habitually make a nuisance of even the greatest blessings. The airplane is a marvelous machine and the modern microphone is an amazingly ingenious device. But when advertising puts the two together and envelops a great metropolis in the unearthly roar of sound amplified a hundred million times, completely distracting the attention of hundreds of thousands of busy workers, we are forced to recognize the futility of any policy that subordinates public welfare to self-interest.

It is true that in controlling the weaknesses of human nature we have gone to a foolish extreme in the manufacture of laws. But this is a lesser evil than to go to the other extreme and permit the unbridled exercise of public impositions by those who acknowledge responsibility only to themselves.

We might do well right now to popularize the notion that there is just as much need today for good statesmen in the business field to help handle the human problems in trade and commerce, as there is for good business brains to cope with the pressing problems of government. As one has suggested, instead of carrying on with the old slogan, "Less Government in Business," we might hang up a new one: "Less Business Interference in Government and More Statesmanship in Business."



Simplicity Accuracy Reliability

Backed by three generations of practical experience in Artificial Limbs.

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